(4)

App. F. IX-4.

Previous references.

1937-32

Sam.

File No. 48-29

Serial Nos. 1-8

Later references.

P 120

P

General and Revenue Secretariat.

Serial Nos. 8

Par B for September 33.

SUBJECT.

Formation of Rural Health units

MK 9/10/33

G. R. S. APP F. III—11

1929-30

GENERAL AND REVENUE SECRETARIAT.

(San.)

NOTES.

File No 48-29

FILE HEADING.

Memorandum on Health Organisation of Mysore

FROM

The Sanitary Commissioner.

No. T. 123-2 Dated 19.9.1929 Received 19.9.29

Diary No. 1904	Enclos. 1	Spare copies 12	Serial No. 1

BRIEF ABSTRACT OF LETTER.

Forwards a copy of Govt. Sanct. letter about the Memorandum on Health organisation of Mysore & recommends it for adoption by Govt.

NOTES AND ORDERS.

NOTES—First Sheet.

WD 01683—GPB—5,000—3-5-29

269

1990

G. R. S. III—3]

ROUTINE NOTES.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

From Dr. W. C. Hoult
No. — & 17.9.1929
forwards a copy of his
Health Organisation of the
State.

This minister's order
"Please draft a letter of
acknowledgement"
Sd/- K.M.
20/9/29

2) Draft Sd/-
24/9
3rd Member) 24/9/29

3) Received from by
post by
Sd/-
R.R.
25/9/29

3040
24/9

4) D.O. issued from this office &
file returned.
C.G.
25/9/29

N. B.—Should routine notes be written on small slips the notes must be cipoed, or slips pasted on this form

General and Revenue Secretariat. | File No. San 48 of 192 9

Serial No.

5) Subd. The scheme contemplates the development of Public Health work in the State on the following lines :—

	Expenditure Rs
1. Central Health organisation	2,30,000
2. District Health offices.	1,20,000
3. ~~Rural~~ Taluk Health units ~~(State)~~ ~~Grant~~	10,24,000
4. Work fund	2,80,000
	16,54,000

6) The central Health organisation is separately receiving consideration & post and it is proposed in the memorandum that Health offices for Districts should be appointed after the Taluk Health units are established in sufficient number & their work is developed. The cost involved on account of these two items is proposed to be met by Govt.

7) The immediate work proposed to be ~~done~~ attended to is the formation of Taluk health units, on the basis of 6 Hobli for each taluk. The establishment should consist of one Health Officer, a Sany Inspector & a clerk for the Taluk office & an Asst Sany Inspector a Vaccinator & a midwife for each Hobli with necessary boats. The ~~cost~~ estimated

NOTE—Contn. sheet.

WD 066—GPB—30,000—26-7-29

1906
1990

General and Revenue Secretariat.

File No. San 48 of 1929.

Serial No.

cost of a Taluk Health unit on the above scale is Rs 16,000 per annum. This is proposed to be met from Dt Bds, Village Panchayats and the State in the proportion of 31·25, 31·25 & 37·5 respectively.

8) The works fund is a fund contributed by the Dt Boards each year for works of a sanitary nature such as drinking water wells etc.

9) It is also proposed that one more unit be started every two next official year

Submitted for orders.

DPH K.P.
8/11/29

WD 066—GPB—30,000—26-7-29

Serial No.

10) The Memorandum forwarded by Dr. Sweet & the Sanitary Commissioner deals with the question of policy to be adopted in undertaking a programme of health work throughout the state. It proposes a net work of organizations from Hoblis upwards for dealing with every phase of health work including provision of good drinking water wells, sanitary latrines &c., It is also suggested that the local authorities who would be benefited by the scheme should pay for it in some definite proportion. The total cost of the scheme is estimated at Rs 16,00,000 to be spread over a period of 11 years, including the cost of the Central Department of Health.

11) The main features of the scheme are:-

(1) Establishment of a definite number of taluk units every year on the basis of 6 hoblis for each taluk. The cost of each such unit is estimated at Rs 16,000 distributed as follows:-

Village Punchayets	Rs 5,000
District Board	5,000
State funds	6,000
	16,000

It is proposed to start 2 units (including the one at Shimoga) in the Mysore District during 1930-31.

(2) When a sufficient number of taluk units in a District have been established, it is proposed to start District Health offices to supervise the Taluk units, the entire cost being borne from state ~~fund~~

Note—Contn. Sheet

WD 066—GPB—30,000—26-7-29

Serial No.

The cost of each District Health office is estimated at Rs 15,000 per annum.

(3) Constitution of a works fund for the provision of sera & Vaccines, & improvement of latrines, wells, drains, extensions, &c. It is suggested that the existing practice of the villagers contributing 18 days free labor in the year should continue; and that the provision now made by the Dist^t Boards for sanitary works should be funded together with such extra amounts ~~as~~ could be annually contributed thereto. The present grants given by Govt for special purposes would also go towards such fund.

12) The scheme is calculated to give the benefit of health service practically to every household in the local area. The only point for consideration is the question of the enormous cost it would involve and whether the local bodies concerned can bear the large expenditure they are called upon to bear (vide Appendix A attached to the Memorandum). So far as the next official year is concerned, the panchayats in 2 talukas (to be selected for the introduction of the units) will have to contribute Rs 10,000, and the Mysore District Board Rs 45,000, (inclusive of the amount ordinarily set apart for wells &c. by them)

Note—Contn. Sheet

WD 066—GPB—30,000—26-7-29

General and Revenue Secretariat

File No. San 48 of 1929.

Serial No.

13) So far as the State funds are concerned, the present grant for the Deptt: is Rs 1,50,000 (inclusive of the lumpsum provision for Reorganizaton) ~~xxxxxxxx~~. If five taluks units are started in the Mysore Distt: next year, another Rs 12,000 will have to be added to the above sum. Thereafter, the expenditure will steadily increase year after year till in the 11th year, the cost will be Rs 7,34,000 per annum.

The total would be Rs 1,62,000. Both Dr. Sweet puts down the cost at Rs 2 lakhs. He perhaps takes into consideration the probable cost on San: Engineering also to arrive at that figure).

14) It will perhaps be necessary to consult the Distt: Boards also, if they would be in a position to bear the expenditure on the proposed scheme.

9/11

Chief Secy)

15) Director of Agriculture explaining the position of the points on which the Govt: desire further information

11/11/29

16) Draft submitted: Govt: also pass orders whether two Govt: servants also may not be addressed in connection with the contributions payable by Village Panchayats

16/11/29

For favour of consideration.

Chief Secy) 16/11

Read in C.S. 19/11

17) The draft may be approved. After

Note—Contn. Sheet

WD 066—GPB—30,000—26-7-29

Monthly Meeting with the Director of Health on 30th January 1930.

-----:0:-----

2. Rural Health Units in 1930-31 with their Budget.

In the Government Order No. G. 6680-730/Samy. 30-27-34 dated the 26th November 1929 about the re-organisation of the Health Department, the Director of Health has been asked to suggest suitable measures to establish a minimum of about 6 Local Health Units per year (para 6). The memorandum on Public Health prepared by Dr. Sweet is under consideration of Government.

No Telegram. no order required

RG

6/2

From the Director of Health
No. C. 858-2 of 4-4-1930
Forwards in original the proposals of Dr. Sweet for the formation of Rural Health units in the entire taluks of Mangalore and Malavalli during 1930-31

With Subject Manifold containing the memorandum of Dr. Sweet on Rural Health units referred to in the Paper under Disposal was noted by the Hon'ble Member in charge of Commerce for orders. The total cost involved

(Govt 1904 21/4)

6140

App. F. III—2]

General and Revenue Secretariat

File No. Fam 48 of 1929.

Serial No.

The Village Panchayats and the District Board are in a position to contribute their share of the cost.

7) A draft letter to the D.C. is produced for consideration.

DD 10/4

Chief Secy)

8) I shall speak to the Director of Health. Please ask him to meet me at his convenience some time during this week.

DD 13/4

9) Issue the draft to the Director at once.

DD 14/4

Issued vide 12324 dt 16.4.30

From the Dir of Health

Do no C.856-4 dt 15.4.1930

States that he goes over to the Chief's on 15.4.1930 afternoon at 3.30 & suggests that the presence of Dr. Avent also would be necessary.

To the Dir of Health. Do no 4091 C1 dt 16.4.30

Agrees with above.

10) Reminded. The Dir of Health & Dr Avent met the Chief Secretary at 3.30 yesterday. Subject for orders. Vide para 8 above

DD 17/4

Chief Secy)

17/4/30

Note—Contn. Sheet

WD 066—GPB—30,000—26-7-29

CHIEF SECRETARY. 11 APR. 1930

CHIEF SECRETARY. 19 APR. 1930

774

6140

App. F. III—2]

General and Revenue Secretariat

File No. Lan 48 of 1929.

Serial No.

1) For the present, the proposal to extend the scheme to the whole of Mauryadalam may be sanctioned. The estimated cost is Rs 15,000 (excluding certain items eg: allowances, the exact significance of which is not clear). As Govt are already spending Rs 11,000 on the Mauryadalam Health unit, the extra cost will be Rs 4000.

2) In order to interest the local bodies in this work, and induce them to make contributions for its extension, some propaganda is necessary. The new Health Officer who is to be sent to the Mysore Sh may take up the matter with the Dy Comm & the local bodies concerned.

3) Maybe discussed at the next monthly meeting for any hasty observation

Hon Member

Yrs

For favour of perusal & kind return. (The meeting is at 4 P.M today).

23/4

Fin: Secy

Sem. (The P.A.C is sitting).

23.4.30

10184
2/4

Note—Contn. Sheet

WD 066—GPB—30,000—26-7-29

II Mr. Le
(Mme Le)
Dr Sout-
le Hare
R. C.
L. f. (Remp.)
L. C. (Stie)

9

6141

9. Extension of Rural Unit work to take in the entire Taluks of Mandya and Malavally. Proposals submitted to Government.

Sd/- with Third member today. Sent up

(Govt 6140)

JM 23/4

23/4/30

1 May be considered in connection with the budget

2. In connection with the proposal to obtain contributions from Dist. Boards & Municipalities, it was agreed that a conference of Mrs should be arranged before the 16th May when Dr Sweet expects to go home. The second Member of Council is to preside at the meeting and the Third Member has also consented to be present.

10332/24/4

5th May will suit me. Please meeting the following Mrs to be invited for 6th, 7th or 8th meeting

Sd/- 24/3/30 Dr Sweet

Dr Rane

Note - The D.C. Mysore may also be invited, as the scheme is just the type in that Dt

Govt (Shimoga)

Govt (Bangalore

24/4

Agreed to Convenient to the Second Member

Sd/- 24/4/30 Third Member

24/4

App. F. III—2]

General and Revenue Secretariat

File No. Secretariat of 1929.

Serial No.

(as personally instructed)

Draft letter requesting Officers to attend a meeting proposed to be convened to discuss Dr Smith's Memorandum is submitted. The time & date of the meeting has to be fixed. ~~The~~ The Officers who are to be invited will be entered after obtaining the list from the Chief Secy

K.D. 24.4.30

Chief Secy) 24/4

DEWAN'S OFFICE. 25. APR. 1930 No. 1578

SECRETARY'S OFFICE 24 APR. 1930

The Rev Comm
Dr Rowe
Dr Smith
Dr. Bangalore
Dr. Shimoga

May issue after ascertaining the date from Secd Member.

The Dy Comm Mysore & the Dt Board President may also be invited, as suggested by the Member

MM 24/4

2d Member)

Yr. Dts' Presidents of Kolar, Kolar & Bangalore may be asked.

MM 25/4

Dewan) MM 25/4

Note—Contn. Sheet

MM 25-4-30

WD.066—GTB—30,000—26-7-29

1990 (9

G. R. S. III—3]

ROUTINE NOTES.

[To be used only for notes, requisitions, etc., not intended for permanent .record]

P.A

Please prepare for my signature a reply to the above letter from the Secretary of the Health Department

8.3.30

Sent with a copy of P.O.

CLG 10/3/30.

I. L.

Yes. Certainly we may call for a conference as suggested by 3rd member of Municipal Council + the Town Clerk when considered in detail

CLG 24/4

The Vaccination scheme is comprehensive, but the financial terms are very difficult. ~~It does not~~ There is ~~not~~ any ~~hope~~ hope of the Bill passing this session. Expressions of this wish to the Government have been made to the Chairman of the L.C.C.'s Public Control Committee and to the Rev. Canon [illegible], Parliamentary Secretary to the Ministry of Health — the Council member will perhaps like to call the Committee's attention to this matter. I should like to see the Bill myself.

CLG 28/4/30

OFFICE OF THE SECOND MEMBER OF COUNCIL
19 APR. 1930
No. 7851

A

49 Do

N. B.—Should routine notes be written on small slips, the notes must de copied, or slips pasted on this form.

WD 1880—GPB—1,50,000—2 5-21

P. I. 28/4/30 Letter sent to Secretary Health Department after personal interview from Mayor

RG 28/4/30

RG 24/4/30

RG 12/4/30

RG 24/4/30

(10

App. F. III—2]

General and Revenue Secretariat | File No. | of 192

Serial No.

Background

2) A typed copy of the draft proceedings of the meeting (as approved by the Chief Secy) together with a draft letter to the President of the Distt: Boards of Bangalore & Mysore, are put up.

* redictated

8758/17/5

19/5

CHIEF SECRETARY
10 MAY 1930

Chief Secy)

3) The draft letter may be approved

Hon'ble Member
Revenue Member ✓
Finance Secretary

13/5

4726/13/5

11131/16/5

16/5.

4) 17/5/30

5) 17/5/30

3 To 1 The President 7) 19/5/30
Dr BB Blore Esq
2 The President
Dr BB. Mysore Esq.

No 4 13702-3 Dt 21.5.1930

Requests to place the proposals before the Dt Bd and obtain their consent

Note—Contn. Sheet

WD 066—GPB—30,000—26-7-29

General and Revenue Secretariat | Sam | File No. 48 of 1929.

Serial No.

to the payment of a contribution of Rs 5000/- per year towards the cost of the Rural Health work which is proposed (1) to establish in the talukas of Chamrajnagar and Closepet (2) to extend to all the Taluks in the [illegible] Taluks.

To The Revenue Commr
The Director of Health

No 9 13704-5 dt 21.5.30

Forwards a copy of the above.

for R
JBL
22/5

Note—Contn. Sheet

WD 066—GPB—30,000—26-7-29

RLO

6140 V 658

App. F. III—2] 12

General and Revenue Secretariat | File No. San 48 of 1929

Serial No. 4

From the President, District Board Mysore no Dy Dis 6 L B/30-31 g 18.7.30.
Forwards the resolution of the Board expressing its inability to contribute a sum of Rs 5000 per year towards extending the R Health unit at Irwandya to all its hoblis.

2d/ Subt for perusal. The main file has been sent to the Leg Branch for reference in connection with the visit of the prospects of the Sanitary Inspector. This will be placed on that file after which the result of the replies from the President, D L B, Bangalore & the Revenue Commissioner will be awaited, if apld

26/7/30 29/ — For perusal. (Chief Secy) 28/7

Other Members 30/7

30/ 29/7/30

OFFICE OF THE [illegible] COUNCIL
31 JULY 1930
No. 1153

Dy no 6140

It may be obtained now.

Put up
31/7

CHIEF SECRETARY
28 JULY 1930

GENERAL MISCELLANEOUS BRANCH
31/7/30

Note—Contn. Sheet

WD 02328—GPB—10,000—22-4-30

13)

658
2888
3784 4154

File No 48 of 1929 | General and Revenue Secretariat

350
464

Serial No.

Rdr

5

No President, DR Bd Bangalore.
L. Dis. Gl 6457 of 24-11-30

Stating that the question of Rural Health Works in the District may kindly be kept in abeyance for some time more until the receipts of the Road cess fund improve.

Subd.

31) Pl. await receipt of the reply from the Revenue Commissioner which has been awaited if approved.

Gen
9/12

Gen.

32) Chf 9/12

Subd.

6

Rdr. Revenue Commr
C 6515/29-30 of 23/29-12-30

He seeks information of the Govt's views in regard to proposal in regard to Rural Health Works.

33) Subd. Further report promised by the Red Commr for the submitting the list of Cheapest and Chemapalam may be awaited 34) Gen. for D Works. DPH.

If this information is not received before the 10th January 1931, a Reminder may be sent to this point dated 5/1/31 to Govt for information.

Gen B 31/12/30

Gen B 5/1/31

GENERAL MISCELLANEOUS BRANCH
5 JAN. 1931

35) Draft reminder subd

Gen 12/1/31

Issue 12/1/31

Note—Contn. Sheet

Issued G. 7312 Gl 6.1.31

4154
4812
5771

App. F. III—2]

General and Revenue Secretariat | File No. San 48 of 1929

Serial No.

Re-submitted after issue
187
15/1/1931
for perusal.
Chief Secy) 15/1

CHIEF SECRETARY
15 JAN. 1931

nee
17/1

From the Rev. Commissioner,
C. 4515/29-30 & 10.3.1931
Forwards a list of contributions payable by the Village Panchayets in the Cuddapah Taluk towards the expenses of P.B. Units.

Subd for perusal. The receipt of the list may regard to the closed sub file may be awaited if appd
187 Work
17/3/1931
Yes. 17/3

GENERAL MISCELLANEOUS BRANCH
17 JAN. 1931

7

GENERAL MISCELLANEOUS BRANCH
17.

NOTE – Contn. Sheet

WD 02553—50,000—GPE—8-7 30

P 10

76 es

6338

App. F. III—2]

General and Revenue Secretariat

File No. Sans 48 of 1929.

Serial No.	
8	From the Dev. Commissioner. No. C.4575/29-30 dt 4.4.31 Forwards a list of contributions payable by Village Panchayats of Cuddapah Taluk towards the expansion of Rural Health Units.

Subd. The main file has been put up for reference with the file containing Dr Brock's recent letter about the expansion of Rural Health Units. This will be worked up with it after its receipt, if approved.

6169
Fl by 4/4

DAP in/c
15/4/31

Yes dd 16/4

This question was considered in P.H. file 29-32-3 where it was decided to be over. No further action appears necessary on this.

Secy 27/11/32

22/9/33

NOTE—Contn. Sheet.

WD 02553—G PB—50,000—8-7-30

DEPARTMENT OF PUBLIC HEALTH IN MYSORE.

NO. T.123-2

ENC. /.

Office of the Sanitary Commissioner
With the Govt. of Mysore,

Bangalore, Dated 19th Sept. 1929.

GENERAL MISCELLANEOUS BRANCH
From
19 SEP 1929

L 1904
Sans 48-29-1

Dr. J.V. Karve, M.B., Ch.B., D.P.H.,
Sanitary Commissioner with the Government of
His Highness the Maharaja of Mysore,
BANGALORE.

To

R.Ranga Rao, Esq., B.A., B.L.,
Offg. Chief Secretary to the Government of
H.H. the Maharaja of Mysore, Bangalore.

Sir,

I have the honour to forward herewith for favour of perusal of Government, one dozen copies of Dr. Sweet's Memorandum on Health Organisation in Mysore and to state that the Memorandum briefly explains the need for such organisation, the manner in which it is recommended it should be done and the cost of the same. It may be observed that the programme provides for a comprehensive & progressive State Scheme, no part of the State being neglected and where the State and the Local Bodies contribute their respective reasonable quota of cost. Over 79 per cent of total expenditure will be on Rural Health Work, a special feature of the scheme. I therefore commend the scheme for the consideration of Government.

I have the honour to be

Sir,

Your most obedient servant

J. Karve

Sanitary Commissioner M.G.

D.O. No. T. 123
Sm 12 copies

Office of the Health Survey
in Mysore,

Bangalore, 17th September'29.

Dear Mr. Ranga Rao,

I am sending you with this some copies of the Memorandum on Health Organization in Mysore. I am sending several extra copies in case the memorandum has to be considered in Committee at any time. More copies can be supplied if they are needed. I have also sent personal copies to the Dewan Saheb and Mr. Mathan.

This memorandum embodies the matter which I talked over with you a few weeks ago. I think that the scheme as it stands will cover health work in Mysore State for a great many years to come, as I can see no changes in the theory or practice of hygiene which could not be carried out by the staff and funds provided.

I hope that Government will see its way clear to adopt this scheme, or a similar one, and publish it as a programme to be followed. Our work is rendered rather difficult by the complete lack of any concrete expression by Government of just what it intends to do in the line of health administration. The issuing of the reorganization order, followed by the issuing of a programme something like the one here suggested, would place the whole health problem in a clear light and we would be able to go ahead with a definite knowledge of where we are going and what we are trying to accomplish.

Yours sincerely,

W. C. Sweet,
Director,
Health Survey in Mysore.

To

R. Ranga Rao, Esq., B.A., B.L.,
Offg. Chief Secretary
to Government, BANGALORE.

THRO:

The Sanitary Commissioner
in Mysore, BANGALORE.

269

ASSOCIATE DIRECTORS

JOHN A. FERRELL, M.D.
VICTOR G. HEISER, M.D.
H. H. HOWARD, M.D.
WILBUR A. SAWYER, M.D.

THE ROCKEFELLER FOUNDATION

INTERNATIONAL HEALTH DIVISION

FREDERICK F. RUSSELL, M.D., DIRECTOR

61 BROADWAY, NEW YORK

CABLE ADDRESS "ROCKFOUND"

SCIENTIFIC DIRECTORS

RUFUS COLE, M.D., CHAIRMAN
EUGENE L. BISHOP, M.D.
LOUIS I. DUBLIN, Ph.D.
WADE H. FROST, M.D.
FREDERICK F. RUSSELL, M.D.
WILSON G. SMILLIE, M.D.
C.-E. A. WINSLOW, Dr.P.H.

Bangalore,
17th September 1924.

GENERAL MISCELLANEOUS BRANCH
SEP 19

Dear Mr. Mathan,

I am sending you with this a copy of a Memorandum on Health Organization in Mysore State. I am sending this Memorandum to the Chief Secretary and it will doubtless reach you in due course through official channels, but I thought you would like to have this personal copy for preliminary study.

Yours sincerely,

W. C. Sweet,
Rockefeller Foundation.

Rajamantrapravina
K. Mathan, Esq., B.A.,
Bangalore.

Appendix F G—1

SUBJECT.....

.....

.....

Diary No. of letter replied to 1990

General and Revenue Secretariat

( )

the 192

Date of issue.....

Signed by.....

List of enclosures.....

Copied by.....

Examined by.....

Section San

File No.

Serial No.

No.

Do Issued on 25.9.29.

To Dr. W. L. Swabbe M.O.

Dear Sir, Dr Sweet,

I write to acknowledge with thanks the receipt of a copy of your memorandum on Health Organisation in the Mysore State sent with your letter of 17.9.29

It was very good of you to have sent me a personal copy for preliminary study.

Yours sincerely,

K

Dcg 24/9/29

(member of Council)

over

24/9/29

Jul 3

R8
19/7/29

3rd Month

MEMORANDUM ON HEALTH ORGANIZATION IN MYSORE STATE.

W. C. Sweet.

Sent - Monday
Mysore 20/7/29

About a year ago a memorandum was submitted to Government in regard to a scheme for the formation of rural health units in half taluks, the provision of District Health Officers, and a Central Department of Health. The total cost of this scheme was in the neighbourhood of Rs30,00,000/- of which it was proposed that District and Panchayet funds should furnish 12 lakhs and the State 18 lakhs. Since that time the experience gained in the six months' existence of the experimental Rural Health Unit at Mandya and certain decisions of Government in regard to policy have made it seem wise to reconsider the whole situation and present a second memorandum.

In the report on the first survey of the State certain recommendations were made for the reorganization of the central Department of Health. Government has expressed its acceptance of these recommendations and an order putting them into force will issue shortly. No further consideration of this reorganization at this stage is necessary and no mention of the Department of Health will be necessary in this memorandum beyond a statement of its proposed budget.

Government has not accepted the idea of health units for half taluks but in the expected reorganization order indicates its interest in the establishment of Taluk Units and requests a memorandum on the possibility of their organization at the rate of six a year. This memorandum may be considered as an answer to that request.

This is not the place, nor do six months furnish sufficient

consist of a Health Officer, a Sanitary Inspector and a Clerk for the Taluk and an Assistant Inspector, a Vaccinator and a Midwife for each hobli in the Taluk, with necessary peons.

It may be possible later, when a complete vaccination programme has been carried out in the State, to reduce the number of vaccinators but for some years they will be the most active members of the staff.

The Assistant Inspectors will be S. S. L. C. men, locally trained by field experience and teaching, such as are now used in the Mandya Unit and in the Stations for the Study of Malaria. They have proved to be satisfactory and will give a cheap service which will be efficient when adequately supervised. They will also serve as a reservoir for the recruitment of candidates for school training as qualified Sanitary Inspectors. The suggested pay is Rs. 30-2-50. They will be required to maintain bicycles or ponies and will have a fixed allowance for the same.

The midwives should have regular training to which, as soon as possible, should be added training in maternal and infant welfare work. Midwives are chosen for these posts since there is already such a class in Government service and lady health visitors would be impossible to find in sufficient numbers. It is expected that they will do more maternal and infant welfare work than actual child birth supervision. They will form the basis of any maternal and infant welfare scheme for the State. In order to attract a higher class of applicants and to provide for the extra qualifications of health visiting, the pay suggested is Rs. 30-2-50, with a fixed allowance to cover travel to villages.

The Sanitary Inspector, until all the units are organized, should be a sub-assistant surgeon in training for a

position as Taluk Health Officer. When the necessary number of Health Officers is obtained, a qualified Inspector should be used. If, and when, it becomes possible to institute a complete maternal and infant welfare programme, a trained lady health visitor may be substituted for the Sanitary Inspector. She will work through the trained midwives of whom she will have control under the Health Officer. The suggested pay is Rs. 50-5/2-100 with a fixed allowance in accordance with present District practise.

The Taluk Health Officer should be a sub-assistant surgeon with either field or school training in health unit work. The suggested pay is Rs. 75-5-150-10-200/-, with an allowance of Rs. 45/- per month for maintenance of a motor cycle, or pony, according to local conditions. Experience gained at Mandya demonstrates that there is a marked decrease in efficiency in the Health Officer's work unless he is required to have a proper conveyance so that there is not such a disproportionate amount of time spent on the roads. If he is expected to hold, say, three infant clinics a week in various parts of the Taluk, without a proper conveyance, it means that he spends three whole days going to, returning from and holding three clinics. If he has to make tours of hoblis by bicycle and cart he is away from the center and inaccessible for too long a period at a time. He should be able to reach all boundaries of his area and return in half a day at the least. A further study of this question will be sent in later.

The expense of such a staff works out in round figures at Rs. 5,200/- for the taluk officers and Rs. 1,800/- per hobli in addition.

grade with well established Indian or foreign health qualifications. Their suggested pay is Rs. 200-20-400/-. They should be assisted by two senior Sanitary Inspectors whose suggested pay is Rs. 50-5/2-100. With the inauguration of maternal and infant welfare work one of these inspectors' posts should be given to a District Lady Health Visitor who would be responsible, under the District Health Officer, for all such work in Municipalities and Taluk Health Units of the District. The office should have two vaccinators, four clerks and five peons. Including travelling allowances the cost of such a staff would be approximately Rs. 15,000/- a year.

Municipalities.

All municipalities below 5000 population will be included under the Taluk Health Units on the same basis as panchayets.

Municipalities with between 5,000 and 7,500 population - will be included under the Taluk Health Units on the same basis as panchayets but in addition must employ an Assistant Sanitary Inspector who will be under the supervision of the Taluk Health Officer.

The Taluk Health Officer should be a member of all village panchayets and municipal councils, in municipalities of the sizes stated, and should be the official health officer of these bodies. He should be allowed to have the Assistant Sanitary Inspector attend ordinary panchayet meetings as his deputy but the voting membership should be his alone.

Due to the disproportionate amount of the time of the Taluk Health Officer and his staff which would be taken up by municipalities of over 7,500 population, such municipalities - will be considered as outside the scheme of Taluk Health Units, nor would the Sanitary Board Area of the Kolar Gold Fields be

This is a total for the State of 64 Taluks with 381 hoblis, an average size per taluk unit of six hoblis. The cost of such an organization for the State on the basis of Rs. 5200 per taluk plus Rs. 1,800/- per hobli would be Rs. 10,18,600/-.

Sources of Funds for Taluk Units.

The expense of these units should be shared between the Village Panchayets, the District Board and the State Government since it is too large for any of these alone to pay and since it may be accepted as a guiding principle that local authorities should pay for as much of their health work as they can. It is very difficult to arrive at any figure which the panchayets might be expected to contribute but after considerable discussion in consultation it seems probable that as a conservative estimate the panchayets should contribute 31.25 per cent of the cost, the Districts 31.25 per cent, and the State 37.5 per cent. To the average unit of six hoblis, estimated to cost Rs. 16,000/- per annum, the Panchayets of the Taluk would be expected to contribute Rs. 5,000/- the District Board Rs. 5,000/- per Taluk and the State Rs. 6,000 per unit.

The total cost of the scheme for the State, by Districts, using the list of taluks and hoblis given above would be as follows.

Total Cost of Taluk Units and Sources of the necessary Funds.

District.	No. of Taluk Units.	Total Number of Hoblis.	Total Cost of Taluk Units per annum.	Contribution from		
				All Village Panchayets of Districts.	District Board.	State.
Mysore ..	13	80	2,11,600	66,125	66,125	79,350
Chitaldrug.	6	31	87,000	27,188	27,187	32,625
Tumkur ..	8	50	1,31,600	41,125	41,125	49,350
Bangalore	9	52	1,40,400	43,875	43,875	52,650
Kolar ..	10	53	1,47,400	46,063	46,062	55,275
Hassan ..	6	40	1,03,200	32,250	32,250	38,700
Shimoga ..	7	40	1,08,400	33,875	33,875	40,650
Kadur. ..	5	35	89,000	27,813	27,812	33,375
State ..	64	381	10,18,600	3,18,314	3,18,311	3,81,975

amount to be known as a Works Fund which will be used for grants, exclusively to panchayets, for health purposes only. If this budget item is not to be excessive in any year, it should be made cumulative. The item on the budget would be the same every year but unexpended balances would go to form a fund and not revert to general funds at the end of the financial year. If this is adopted quite moderate yearly grants would be sufficient to pay for necessary works under this scheme. Grants from this fund could be made by a Health Committee of the District Board of which the Deputy Commissioner should be Chairman and the District Health Officer be Executive Secretary. All works undertaken from such grants, no matter by whom they might be carried out, should be subject to the approval and supervision of the District Health Officer as far as specific plans and work are concerned.

Provided such funds are made cumulative for each District it seems probable that the amounts given in the following table will be sufficient. The table also gives the amount necessary for staff of the Taluk Health Units and the total required from each District. This total would be the entire amount required for all health staff and works, no further grants being necessary. The District Health Officer and his staff are not included under District expenditure as the State is to pay this amount. For comparison there are also given the total income, not including unexpended balances, for the year mentioned and the amount budgeted in that year for purposes which would come under the

present scheme.

Total District Contributions.

(Provided Works Funds are made cumulative from year to year).

District.	Present Arrangements.			Proposed Expenditure.			Percent of Income for year mentioned. Required by new Proposal.
	Year for which figures are given.	Amounts on budget which would come under new scheme.	Income (not including unexpended balances).	For Taluk Health Units.	For Works Fund.	Total.	
Mysore ..	1926-27	28,086	4,95,141	66,125	45,000	1,11,125	22.4
Chitaldrug.	1927-28	14,405	2,60,446	27,187	30,000	57,187	21.8
Tumkur. ..	"	29,986	2,66,405	41,125	30,000	71,125	26.7
Bangalore.	"	55,813	2,97,017	43,875	35,000	78,875	26.6
Kolar. ..	"	21,790	3,67,942	46,062	35,000	81,062	22.0
Hassan ..	1928-29	41,821	3,96,278	32,250	40,000	72,250	18.2
Shimoga ..	1927-28	19 652	2,85,720	33,875	35,000	68,875	24.1
Kadur ..	"	12,690	2,20,345	27,812	30,000	57,812	26.2
Total. ..	-	2,24,253	25,89,294	3,18,311	2,80,000	5,98,311	23.1

State Expenditure.

The State would pay (a) its proportion of the expense of the Taluk Health Unit staffs; (b) Rs. 15,000/- for each District Health Officer and his staff, a total of eight Districts of Rs. 1,20,000/-; (c) for the central Department of Health organized along lines already approved; (d) extra funds for grants to Municipalities, Districts, etc., for any necessary extension of the work of the Department of Health, for special research or field problems, etc.

The cost to the State of the Taluk Health Units

already been mentioned as Rs. 3,81,975/-. To this should be added the Rs. 1,20,000/- for the District Health Officers establishments, a total of Rs. 5,01,975/-. It seems possible that a total of Rs. 2,30,000/- for the central Department of Health will be sufficient for all present recommendations as to organization and for some future growth, particularly as the budget will be relieved of certain expenditures as the District Works Funds come into operation. This amount does not include the amount which any sanitary engineering staff transferred from the Public Works Department would be expected to bring over with them from the Public Works Department to the Department of Health.

The total State expenditure required under the present proposals would be Rs. 7,32,000/-. It is probable that the eventual State expenditure should be close to Rs. 10,00,000/- for health purposes. This leaves an amount of Rs. 2,68,000/- available for the extra funds mentioned under (d) in the first paragraph of this section.

Rate of Establishment of Present Proposals.

The rate at which the Taluk Health Units should be established will be governed in the next two or three years by the availability of suitable men. This will also be true of the appointment of District Health Officers and Bureau Chiefs in the central Department of Health. There is one man now being trained to be a Taluk Health Officer, so in 1930-31 we may establish one new unit and continue the present experimental unit. In 1931-32 we would have two trained men available so could establish two new units, a total of four altogether. In 1932-33 there could be four new units, a total of eight. As five more units would complete the Mysore District it is recommended that this be done in 1933-34. Thereafter units

for a whole District at a time could be established and this would probably be the wisest procedure. It is probably best that the Districts be taken in the following order and years:- Mysore District completed in 1933-34 with District Health Officer and staff to be appointed in 1932-33 and Works Fund to begin in 1930-31;

Chitaldrug District.	Taluk Health Units, Works Fund & District Health Officer	in	...	1934-35
Tumkur District.	"	"	"	1935-36
Bangalore District.	"	"	"	1936-37
Kolar District.	"	"	"	1937-38
Hassan District.	"	"	"	1938-39
Shimoga District	"	"	"	1939-40
Kadur District	"	"	"	1940-41

The table given as Appendix A gives the total cost of the present proposals to all contributing bodies. The cost of the Taluk Health Units given in this table was figured on the average size of six hoblis per taluk to cost Rs. 16,000/- each. The years in which it is proposed that the various details of the plan begin to operate are also given. No mention is made of the proposed extra sum of approximately Rs. 2,66,000/- which the State is expected to contribute to bring its eventual total up to 10 lakhs.

General Remarks.

It should be mentioned that the contributions from Panchayets and Districts for the Taluk Health Units should be paid into the State Treasury. This will probably not be possible until towards the end of the financial year, so it will be necessary for the State to advance the money to run the units and recover from the Panchayet and District deposits in the usual course.

To avoid much delay and to give more chance for the men directly concerned to exercise the necessary judgment, it is proposed that the Department of Health be given authority to advertise its own posts, receive applications, interview applicants and make appointments subject to the announced Government policies in this matter. It will also be important that men obviously unsuited to health work should be removed as soon as possible, so it is also suggested that the Department be given authority to deal rapidly with such situations. If necessary, a committee could be appointed to do this. Such a committee might consist of the Director of Health, the Senior Surgeon and the Consultant in Health.

—ooo—

R.B.

APPENDIX "A"

Total Cost of Present Proposals to the Various Contributing Bodies.

(The Taluk Health Unit cost is figured on six hoblis per taluk, the average size of a Unit, to cost Rs. 1,6000/-

Year.	Number of Taluk Health Units.		Village Panchayet contribution to Taluk Health Units.	District Contributions.			State Contributions.			
	New.	Total.		Taluk Health Units.	Works Fund.	Total.	Taluk Health Units.	Dist. Health Offices.	Central Dept. of Health.	Total.
1930-31	1	2	10,000	10,000 Mysore.	35,000 Mysore.	45,000 Mysore.	12,000	-	1,88,000	2,00,000
1931-32	2	4	20,000	20,000 Mysore.	35,000 Mysore	55,000 Mysore.	24,000	-	1,94,000	2,18,000
1932-33	4	8	40,000	40,000 Mysore.	35,000 Mysore.	75,000 Mysore.	48,000	15,000	2,00,000	2,63,000
1933-34	5	13	65,000	65,000 Mysore	45,000 Mysore.	1,10,000 Mysore.	78,000	15,000	2,07,000	3,00,000
1934-35	6	19	95,000	As above and 30,000 Chitaldrug.	As above and 30,000 Chitaldrug.	As above and 60,000 Chitaldrug.	1,14,000	30,000	2,15,000	3,59,000
1935-36	8	27	1,35,000	95,000 and 40,000 Tumkur.	75,000 and 30,000 Tumkur.	1,70,000 and 70,000 Tumkur.	1,62,000	45,000	2,36,000	4,37,000
1936-37	9	36	1,80,000	1,35,000 and 45,000 Bangalore.	1,05,000 and 35,000 Bangalore.	2,40,000 and 80,000 Bangalore.	2,16,000	60,000	2,30,000	5,06,000
1937-38.	10	46	2,30,000	1,80,000 and 50,000 Kolar.	1,40,000 and 35,000 Kolar.	3,20,000 and 85,000 Kolar.	2,76,000	75,000	2,30,000	5,81,000
1938-39.	6	52	2,60,000	2,30,000 and 30,000 Hassan.	1,75,000 and 40,000 Hassan.	4,05,000 and 70,000 Hassan.	3,12,000	90,000	2,30,000	6,32,000
1939-40	7	59	2,95,000	2,60,000 and 35,000 Shimoga.	2,15,000 and 35,000 Shimoga.	4,75,000 and 70,000 Shimoga.	3,54,000	1,05,000	2,30,000	6,89,000
1940-41	5	64	3,20,000	2,95,000 and 25,000 Kadur	2,50,000 and 30,000 Kadur	5,45,000 and 55,000 Kadur.	3,84,000	1,20,000	2,30,000	7,34,000
Thereafter.	-	64	3,20,000	3,20,000	2,80,000	6,00,000	3,84,000	1,20,000	2,30,000	7,34,000

R.B.

DEWAN'S OFFICE
19. SEP. 1929
No. 1321

Sec 69 Rg 14/9/29

Dewan

MEMORANDUM ON HEALTH ORGANIZATION IN MYSORE STATE.

19-9-29

W. C. Sweet.

Rg 20/9/29

About a year ago a memorandum was submitted to Government in regard to a scheme for the formation of rural health units in half taluks, the provision of District Health Officers, and a Central Department of Health. The total cost of this scheme was in the neighbourhood of Rs30,00,000/- of which it was proposed that District and Panchayet funds should furnish 12 lakhs and the State 18 lakhs. Since that time the experience gained in the six months' existence of the experimental Rural Health Unit at Mandya and certain decisions of Government in regard to policy have made it seem wise to reconsider the whole situation and present a second memorandum.

In the report on the first survey of the State certain recommendations were made for the reorganization of the central Department of Health. Government has expressed its acceptance of these recommendations and an order putting them into force will issue shortly. No further consideration of this reorganization at this stage is necessary and no mention of the Department of Health will be necessary in this memorandum beyond a statement of its proposed budget.

Government has not accepted the idea of health units for half taluks but in the expected reorganization order indicates its interest in the establishment of Taluk Units and requests a memorandum on the possibility of their organization at the rate of six a year. This memorandum may be considered as an answer to that request.

This is not the place, nor do six months furnish sufficient

information, to consider at any length the question of the work of rural health units. We may say, however, that the experimental unit gives every promise of fully justifying the establishment throughout the State of such units and gives us some quite definite ideas as to the staff necessary to carry out the scheme. The work of such units may be divided into at least five parts. These are, (1) the control of epidemic diseases; (2) the improvement of health by maternal and infant welfare work, school examinations, clinics and the like;(3) supervision over and improvement of the reporting of vital statistics; (4) the encouragement and supervision of works tending to improve health such as the provision of wells, latrines, drains, extensions, etc.; (5) the education of the people in health matters. All but the first of these aims will be a question of continuous efforts and cannot be expected to show their full value for many years to come. The control of epidemic diseases, on the contrary, is much more immediate and results can be very striking. The delay in demonstrable results in the other three aims of the work should not be allowed to discourage all effort since even a moderate degree of control of epidemic diseases would amply justify the existence and continuance of the whole effort. It is in this field that the experience of six months at Mandya has proven the decided success of the experiment.

Taluk Health Unit Staff.

In adopting Government's acceptance of the idea of one unit to a Taluk, it immediately becomes apparent that the present staff of the Mandya unit, which was organized on the basis of a half taluk, is too small and experience further shows that we did not emphasize sufficiently the importance of vaccination and maternal and infant welfare work. The Taluk units should

consist of a Health Officer, a Sanitary Inspector and a Clerk for the Taluk and an Assistant Inspector, a Vaccinator and a Midwife for each hobli in the Taluk, with necessary peons.

It may be possible later, when a complete vaccination programme has been carried out in the State, to reduce the number of vaccinators but for some years they will be the most active members of the staff.

The Assistant Inspectors will be S. S. L. C. men, locally trained by field experience and teaching, such as are now used in the Mandya Unit and in the Stations for the Study of Malaria. They have proved to be satisfactory and will give a cheap service which will be efficient when adequately supervised. They will also serve as a reservoir for the recruitment of candidates for school training as qualified Sanitary Inspectors. The suggested pay is Rs. 30-2-50. They will be required to maintain bicycles or ponies and will have a fixed allowance for the same.

The midwives should have regular training to which, as soon as possible, should be added training in maternal and infant welfare work. Midwives are chosen for these posts since there is already such a class in Government service and lady health visitors would be impossible to find in sufficient numbers. It is expected that they will do more maternal and infant welfare work than actual child birth supervision. They will form the basis of any maternal and infant welfare scheme for the State. In order to attract a higher class of applicants and to provide for the extra qualifications of health visiting, the pay suggested is Rs. 30-2-50, with a fixed allowance to cover travel to villages.

The Sanitary Inspector, until all the units are organized, should be a sub-assistant surgeon in training for a

position as Taluk Health Officer. When the necessary number of Health Officers is obtained, a qualified Inspector should be used. If, and when, it becomes possible to institute a complete maternal and infant welfare programme, a trained lady health visitor may be substituted for the Sanitary Inspector. She will work through the trained midwives of whom she will have control under the Health Officer. The suggested pay is Rs. 50-5/2-100 with a fixed allowance in accordance with present District practise.

The Taluk Health Officer should be a sub-assistant surgeon with either field or school training in health unit work The suggested pay is Rs. 75-5-150-10-200/-, with an allowance of Rs. 45/- per month for maintenance of a motor cycle or pony, according to local conditions. Experience gained at Mandya demonstrates that there is a marked decrease in efficiency in the Health Officer's work unless he is required to have a proper conveyance so that there is not such a disproportionate amount of time spent on the roads. If he is expected to hold, say, three infant clinics a week in various parts of the Taluk, without a proper conveyance, it means that he spends three whole days going to, returning from and holding three clinics. If he has to make tours of hoblis by bicycle and cart he is away from the center and inaccessible for too long a period at a time. He should be able to reach all boundaries of his area and return in half a day at the least. A further study of this question will be sent in later.

The expense of such a staff works out in round figures at Rs. 5,200/- for the taluk officers and Rs. 1,800/- per hobli in addition.

Taluk Health Units

TALUK.			HOBLI.		
Item.	Average monthly pay.	Annual.	Item.	Average monthly pay.	Annual.
	Rs	Rs		Rs	Rs
Health Officer.	115		1 Assistant Inspector.	40	
1 Sanitary Inspector.	70		1 Vaccinator.	30	
1 Clerk	35		1 Midwife	40	
4 Peons.	48		1 Peon.	12	
Allowances.	80		Allowances.	28	
	348	4,176		150	1,800
Contingencies, etc. ..		1,024			
Total ...		5,200	Total ..		1,800

As will be seen later the Taluk Units will consist on the average of six hoblis each, so the average yearly cost of each unit would be Rs. 16,000/-.

District Health Officer.

With the growth of this system of Taluk Health Units it will be necessary to have more direct supervision than can be exercised by a central department. Furthermore it will be necessary to have an officer to facilitate the collection and classification of all statistics districtwar. Also municipalities above a certain size will not be included in the Taluk Health Units and a District Officer will be necessary to supervise their health establishments and work. All this can be done by the appointment of District Health Officers, with adequate staff, as the formation of Taluk work justifies it. The District Health Officers should be of Assistant Surgeon

grade with well established Indian or foreign health qualifications. Their suggested pay is Rs. 200-20-400/-. They should be assisted by two senior Sanitary Inspectors whose suggested pay is Rs. 50-5/2-100. With the inauguration of maternal and infant welfare work one of these inspectors' posts should be given to a District Lady Health Visitor who would be responsible, under the District Health Officer, for all such work in Municipalities and Taluk Health Units of the District. The office should have two vaccinators, four clerks and five peons. Including travelling allowances the cost of such a staff would be approximately Rs. 15,000/- a year.

Municipalities.

All municipalities below 5000 population will be included under the Taluk Health Units on the same basis as panchayets.

Municipalities with between 5,000 and 7,500 population - will be included under the Taluk Health Units on the same basis as panchayets but in addition must employ an Assistant Sanitary Inspector who will be under the supervision of the Taluk Health Officer.

The Taluk Health Officer should be a member of all village panchayets and municipal councils, in municipalities of the sizes stated, and should be the official health officer of these bodies. He should be allowed to have the Assistant Sanitary Inspector attend ordinary panchayet meetings as his deputy but the voting membership should be his alone.

Due to the disproportionate amount of the time of the Taluk Health Officer and his staff which would be taken up by municipalities of over 7,500 population, such municipalities - will be considered as outside the scheme of Taluk Health Units, nor would the Sanitary Board Area of the Kolar Gold Fields be

included. They will be a special charge of the District Health Officer who will see that they maintain a health staff suitable to their incomes and will directly supervise their work. Municipalities of over 15,000 population should have Health Officers of their own of either Assistant or Sub-Assistant Surgeon grade, depending on their budgets.

Number of Taluk Units Required.

In considering the taluks and hoblis of the State it seemed best so to arrange them that no unit would have less than four nor more than nine hoblis. With this in mind the following list was drawn up.

Mysore District. 13 taluks with 80 hoblis.
Hunsur and Periapatna are combined into one Unit.
Seringapatam and French Rocks are combined.
Chamarajnagar and Yelandur are combined.

Chitaldrug District. 6 taluks with 40 hoblis.
Jagalur and Chitaldrug are combined into one uni
Davangere and Harihar are combined.
Molkalmuru and Chellakere are combined.

Tumkur District. 8 taluks with 50 hoblis.
Tiptur and Turuvekere are combined into one unit.
Muddagiri and Koratagere are combined.

Bangalore District. 9 taluks with 52 hoblis.
Chennapatna and Closepet are combined into one unit.

Kolar District. 10 taluks with 55 hoblis of which about two are in the Sanitary Board Area leaving 53 hoblis, Bagepalli and Gudibanda are combined into one unit.

Hassan District. 6 taluks with 40 hoblis.
Hassan and Alur are combined into one unit.
Hole Narsipur and Arkalgud are combined.

Shimoga District. 7 taluks with 40 hoblis.
Shimoga and Kumsi are combined into one unit.
Honnali and Channagiri are combined.

Kadur District. 5 taluks with 35 hoblis.
Tarikere and Narasimharajapura are combined into one unit. Koppa and Shringere are combined.

This is a total for the State of 64 Taluks with 381 hoblis, an average size per taluk unit of six hoblis. The cost of such an organization for the State on the basis of Rs. 5200 per taluk plus Rs. 1,800/- per hobli would be Rs. 10,18,600/-.

Sources of Funds for Taluk Units.

The expense of these units should be shared between the Village Panchayets, the District Board and the State Government since it is too large for any of these alone to pay and since it may be accepted as a guiding principle that local authorities should pay for as much of their health work as they can. It is very difficult to arrive at any figure which the panchayets might be expected to contribute but after considerable discussion in consultation it seems probable that as a conservative estimate the panchayets should contribute 31.25 per cent of the cost, the Districts 31.25 per cent, and the State 37.5 per cent. To the average unit of six hoblis, estimated to cost Rs. 10,000/- per annum, the Panchayets of the Taluk would be expected to contribute Rs. 5,000/- the District Board Rs. 5,000/- per Taluk and the State Rs. 6,000 per unit.

The total cost of the scheme for the State, by Districts, using the list of taluks and hoblis given above would be as follows.

Total Cost of Taluk Units and Sources of the necessary Funds

District.	No. of Taluk Units.	Total Number of Hoblis.	Total Cost of Taluk Units per annum.	Contribution from		
				All Village Panchayets of Districts.	District Board.	State.
Mysore ..	13	80	2,11,600	66,125	66,125	79,350
Chitaldrug.	6	31	87,000	27,188	27,187	32,625
Tumkur ..	8	50	1,31,600	41,125	41,125	49,350
Bangalore	9	52	1,40,400	43,875	43,875	52,650
Kolar ..	10	53	1,47,400	46,063	46,062	55,275
Hassan ..	6	40	1,03,200	32,250	32,250	38,700
Shimoga ..	7	40	1,08,400	33,875	33,875	40,650
Kadur. ..	5	35	89,000	27,813	27,812	33,375
State ..	64	381	10,18,600	3,18,314	3,18,311	3,81,975

The statement has been made elsewhere that there will eventually be 9064 village panchayets in the State, not including 2,618 minor hamlets. On the basis of 9064 panchayets and a cost of Rs. 10,18,600/- the average cost per panchayet would be about Rs. 35/-.

The cost of the Taluk units to District Boards varies with the number of taluks and hoblis in the District. A later section will consider more fully the amount expected from Districts and from the State.

Works Fund.

All of the preceding discussion has dealt with staff only with no consideration of necessary expenses for works. Such expenses would be along the line of (a) provision of sera and vaccines; (b) equipment for work; (c) provision or improvement of latrines, wells, drains, extensions, etc. There are three possible sources for such funds, either the panchayet, (either by money or labour), the District Board or the State. As has been stated before, the policy should be that everything possible should be either carried out or paid for by the concerned local authority and the intention of the work should be to get as much actual labour as possible from the villagers themselves. There is a provision in the Panchayet Regulations for the levying of an additional tax which may be paid either in money or by labour not to exceed 18 days per year. If the existing funds of the panchayets do not allow expenditure for sanitary purposes, this additional levy should be imposed and resulting funds or labour used for the purposes mentioned above.

However, it is probable that even this will be insufficient and it is proposed that each District be required to budget an

for grants, exclusively to panchayats, which will be used purposes only. If this budget item is not to be excessive in any year, it should be made cumulative. The item on the budget would be the same every year but unexpended balances would go to form a fund and not revert to general funds at the end of the financial year. If this is adopted quite moderate yearly grants would be sufficient to pay for necessary works under this scheme. Grants from this fund could be made by a Health Committee of the District Board of which the Deputy Commissioner should be Chairman and the District Health Officer be Executive Secretary. All works undertaken from such grants, no matter by whom they might be carried out, should be subject to the approval and supervision of the District Health Officer as far as specific plans and work are concerned.

Provided such funds are made cumulative for each District it seems probable that the amounts given in the following table will be sufficient. The table also gives the amount necessary for staff of the Taluk Health Units and the total required from each District. This total would be the entire amount required for all health staff and works, no further grants being necessary. The District Health Officer and his staff are not included under District expenditure as the State is to pay this amount. For comparison there are also given the total income, not including unexpended balances, for the year mentioned and the amount budgeted in that year for purposes which would come under the

present scheme.

Total District Contributions.

(Provided Works Funds are made cumulative from year to year).

District.	Present Arrangements.			Proposed Expenditure.			Percent of Income for year mentioned. Required by new Proposal.
	Year for which figures are given.	Amounts on budget which would come under new scheme.	Income (not including unexpended balances).	For Taluk Health Units.	For Works Fund.	Total.	
Mysore ..	1926-27	28,096	4,95,141	66,125	45,000	1,11,125	22.4
Chitaldrug.	1927-28	14,405	2,60,446	27,187	30,000	57,187	21.8
Tumkur. ..	"	29,986	2,66,405	41,125	30,000	71,125	26.7
Bangalore.	"	55,813	2,97,017	43,875	35,000	78,875	26.6
Kolar. ..	"	21,790	3,67,942	46,062	35,000	81,062	22.0
Hassan ..	1928-29	41,821	3,96,278	32,250	40,000	72,250	18.2
Shimoga ..	1927-28	19 652	2,85,720	33,875	35,000	68,875	24.1
Kadur ..	"	12,690	2,20,345	27,812	30,000	57,812	26.2
Total. ..	-	2,24,253	25,89,294	3,18,311	2,80,000	5,98,311	23.1

State Expenditure.

The State would pay (a) its proportion of the expense of the Taluk Health Unit staffs; (b) Rs. 15,000/- for each District Health Officer and his staff, a total of eight Districts of Rs. 1,20,000/-; (c) for the central Department of Health organized along lines already approved; (d) extra funds for grants to Municipalities, Districts, etc., for any necessary extension of the work of the Department of Health, for special research or field problems, etc.

The cost to the State of the Taluk Health Units has

already been mentioned as Rs. 3,81,975/-. To this should be added the Rs. 1,20,000/- for the District Health Officers establishments, a total of Rs. 5,01,975/-. It seems possible that a total of Rs. 2,30,000/- for the central Department of Health will be sufficient for all present recommendations as to organization and for some future growth, particularly as the budget will be relieved of certain expenditures as the District Works Funds come into operation. This amount does not include the amount which any sanitary engineering staff transferred from the Public Works Department would be expected to bring over with them from the Public Works Department to the Department of Health.

The total State expenditure required under the present proposals would be Rs. 7,32,000/-. It is probable that the eventual State expenditure should be close to Rs. 10,00,000/- for health purposes. This leaves an amount of Rs. 2,68,000/- available for the extra funds mentioned under (d) in the first paragraph of this section.

Rate of Establishment of Present Proposals.

The rate at which the Taluk Health Units should be established will be governed in the next two or three years by the availability of suitable men. This will also be true of the appointment of District Health Officers and Bureau Chiefs in the central Department of Health. There is one man now being trained to be a Taluk Health Officer, so in 1930-31 we may establish one new unit and continue the present experimental unit. In 1931-32 we would have two trained men available so could establish two new units, a total of four altogether. In 1932-33 there could be four new units, a total of eight. As five more units would complete the Mysore District it is recommended that this be done in 1933-34. Thereafter units

for a whole District at a time could be established and this would probably be the wisest procedure. It is probably best that the Districts be taken in the following order and years:- Mysore District completed in 1933-34 with District Health Officer and staff to be appointed in 1932-33 and Works Fund to begin in 1930-31;

Chitaldrug District.	Taluk Health Units, Works Fund & District Health Officer	in	...	1934-35
Tumkur District.	"	"	"	1935-36
Bangalore District.	"	"	"	1936-37
Kolar District.	"	"	"	1937-38
Hassan District.	"	"	"	1938-39
Shimoga District.	"	"	"	1939-40
Kadur District	"	"	"	1940-41

The table given as Appendix A gives the total cost of the present proposals to all contributing bodies. The cost of the Taluk Health Units given in this table was figured on the average size of six hoblis per taluk to cost Rs. 16,000/- each. The years in which it is proposed that the various details of the plan begin to operate are also given. No mention is made of the proposed extra sum of approximately Rs. 2.66.000/- which the State is expected to contribute to bring its eventual total up to 10 lakhs.

General Remarks.

It should be mentioned that the contributions from Panchayets and Districts for the Taluk Health Units should be paid into the State Treasury. This will probably not be possible until towards the end of the financial year, so it will be necessary for the State to advance the money to run the units and recover from the Panchayet and District deposits in the usual course.

It is of interest that the total expenditure of Appendix "A" Rs. 16,54,000/- is divided as follows.

	Rs	
Central Department of Health	.. 2,30,000	14.0 per cent
District Health Offices.	.. 1,20,000	7.0 per cent
Taluk Health Units.	..10,24,000	62.0 per cent
Works Funds.	.. 2,80,000	17.0 per cent

This is 21 per cent for supervision and 79 per cent for rural health work, not including any municipalities over 7,500 population. The entire cost of the scheme is paid as follows. 20 per cent by village panchayets, 36 per cent by district boards and 44 per cent by the State. It should undoubtedly be the policy of Government to increase the village panchayet percentage of contribution as rapidly as possible.

It is the purpose of the plans outlined here to undertake all health work in the State, and only health work. The plan will not work satisfactorily if other duties than those mentioned in this memorandum are placed on the health personnel. Experience in practically all countries has proven that health work cannot be done satisfactorily when an effort to economize is made by including other than health duties. This cannot be too strongly emphasized. On the other hand, it is always most economical to place all health work in one department. It is not a good policy to have separate staffs and plans for various diseases or health problems. There is no reason why the organization here outlined should not deal with all such health campaigns as those concerned with malaria, hookworm, infant and maternal welfare, tuberculosis, venereal diseases, school medical examinations, and others which might be mentioned.

During the growth of the proposed organization the character of men employed will be of the utmost importance.

To avoid much delay and to give more chance for the men directly concerned to exercise the necessary judgment, it is proposed that the Department of Health be given authority to advertise its own posts, receive applications, interview applicants and make appointments subject to the announced Government policies in this matter. It will also be important that men obviously unsuited to health work should be removed as soon as possible, so it is also suggested that the Department be given authority to deal rapidly with such situations. If necessary, a committee could be appointed to do this. Such a committee might consist of the Director of Health, the Senior Surgeon and the Consultant in Health.

—oOo—

APPENDIX "A"

Total Cost of Present Proposals to the Various Contributing Bodies.

(The Taluk Health Unit cost is figured on six hoblis per taluk, the average size of a Unit, to cost Rs. 1,6000/-

Year.	Number of Taluk Health Units.		Village Panchayet contribution to Taluk Health Units.	District Contributions.			State Contributions.			
	New.	Total.		Taluk Health Units.	Works Fund.	Total.	Taluk Health Units.	Dist. Health Offices.	Central Dept of Health.	Total.
1930-31	1	2	10,000	10,000 Mysore.	35,000 Mysore.	45,000 Mysore.	12,000	-	1,88,000	2,00,000
1931-32	2	4	20,000	20,000 Mysore.	35,000 Mysore	55,000 Mysore.	24,000	-	1,94,000	2,18,000
1932-33	4	8	40,000	40,000 Mysore.	35,000 Mysore.	75,000 Mysore.	48,000	15,000	2,00,000	2,63,000
1933-34	5	13	65,000	65,000 Mysore	45,000 Mysore.	1,10,000 Mysore.	78,000	15,000	2,07,000	3,00,000
1934-35	6	19	95,000	As above and 30,000 Chitaldrug.	As above and 30,000 Chitaldrug.	As above and 60,000 Chitaldrug.	1,14,000	30,000	2,15,000	3,59,000
1935-36	8	27	1,35,000	95,000 and 40,000 Tumkur.	75,000 and 30,000 Tumkur.	1,70,000 and 70,000 Tumkur.	1,62,000	45,000	2,36,000	4,37,000
1936-37	9	36	1,80,000	1,35,000 and 45,000 Bangalore.	1,05,000 and 35,000 Bangalore.	2,40,000 and 80,000 Bangalore.	2,16,000	60,000	2,30,000	5,06,000
1937-38.	10	46	2,30,000	1,80,000 and 50,000 Kolar.	1,40,000 and 35,000 Kolar.	3,20,000 and 85,000 Kolar.	2,76,000	75,000	2,30,000	5,81,000
1938-39.	6	52	2,60,000	2,30,000 and 30,000 Hassan.	1,75,000 and 40,000 Hassan.	4,05,000 and 70,000 Hassan.	3,12,000	90,000	2,30,000	6,32,000
1939-40	7	59	2,95,000	2,60,000 and 35,000 Shimoga.	2,15,000 and 35,000 Shimoga.	4,75,000 and 70,000 Shimoga.	3,54,000	1,05,000	2,30,000	6,89,000
1940-41	5	64	3,20,000	2,95,000 and 25,000 Kadur	2,50,000 and 30,000 Kadur	5,45,000 and 55,000 Kadur.	3,84,000	1,20,000	2,30,000	7,34,000
Thereafter.	-	64	3,20,000	3,20,000	2,80,000	6,00,000	3,84,000	1,20,000	2,30,000	7,34,000

R.B.

Letter No. T. 123 dated 17th September 1929 from the Director, Health Survey in Mysore, to the Offg.Chief Secretary to the Government of Mysore, Bangalore, through the Sanitary Commissioner in Mysore, Bangalore.

I am sending you with this some copies of the Memorandum on Health Organization in Mysore. I am sending several extra copies in case the memorandum has to be considered in committee at any time. More copies can be supplied if they are needed. I have also sent personal copies to the Dewan Saheb and Mr. Mathan.

This memorandum embodies the matter which I talked over with you a few weeks ago. I think that the scheme as it stands will cover health work in Mysore State for a great many years to come, as I can see no changes in the theory or practice of hygiene which could not be carried out by the staff and funds provided.

I hope that Government will see its way clear to adopt this scheme, or a similar one, and publish it as a programme to be followed. Our work is rendered rather difficult by the complete lack of any concrete expression by Government of just what it intends to do in the line of health administration. The issuing of the re-organization order followed by the issuing of a programme something like the one here suggested, would place the whole health problem in a clear light and we would be able to go ahead with a definite knowledge of where we are going and what we are trying to accomplish.

" C o p y "

Director,
Health Survey in Mysore.

R.B.

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE.

General & Revenue Secretariat,

No. G 12772—80/ Conf

Dated, Bangalore, ~~24th~~ 25th April '30

From

The Chief Secretary to the Government of
His Highness the Maharaja of Mysore,
Bangalore.

To

Sir,

In forwarding herewith a copy of a Memorandum drawn up by Dr. Sweet regarding the arrangements for carrying on Health Work in the State, I am directed to state that it is proposed to discuss the main proposals contained therein at an informal meeting presided over by the Second Member of Council in the Public Offices ~~Bangalore on the~~ at 12 noon on Monday the 5th May 1930

You are requested to be present at the meeting.

I have the honour to be,
Sir,
Your most obedient servant,

Chief Secretary to Government.

To

Off.

The Dir Canara. ✓
" Director of Health ✓ ✓
" Consultant in Health ✓
" Dc Bangalore ✓ ✓
" Dc Shimoga ✓ ✓
" Dc Mysore ✓ and Presidt DB.
" Presidts of DB Bds of
Bangalore, Kolar & Hassan ✓ ✓ ✓
~~and the respective Dy Comrs~~

HKS. 9

GOVERNMENT OF FIJI FROM [illegible] C. [illegible].

General & Secretariat.

No. [illegible] Dated, Fiji, [illegible], 1[illegible]

From

The Chief Secretary to the Government of
His Highness the Nabobs of Tavua,
Bonnetcap.

Sir,

In forwarding herewith a copy of a despatch [illegible]
by Dr. Sweet regarding the arrangements for carrying [illegible]
work in the States I am directed to state that it [illegible]
to discuss the main proposal contained therein at [illegible]
meeting arranged for the Second Number of Council [illegible]
Public Offices Building [illegible] 5th July, 19[illegible]

You are requested to be present at the meeting.

I have the honour to be,
Sir,
Your most obedient servant,

Chief Secretary to Government.

HKB/[illegible]

Appendix F G—1

SUBJECT.....

.....

.....

Diary No. of letter replied to.....

Section

File No.

Serial No.

No.

General and Revenue Secretariat

( )

the *192*

To .....

Typed draft by 12 noon

Date of issue.....

Signed by.....

In forwarding herewith a copy of a Memorandum drawn up by Dr. Sweet regarding the arrangements for carrying on Health work in the State, I am directed to state that it is proposed to discuss the main proposals contained therein at an informal meeting to be held ~~on the ..... under the presidency of the Hon'ble Member of Council~~

presided over by the Hon'ble , in the Sub-Offices on the .....

List of enclosures.....

You are requested to be present at the meeting.

Copied by.....

Examined by.....

24/4

over

MEMORANDUM ON HEALTH ORGANIZATION IN MYSORE STATE.

W. C. SWEET.

About a year ago a memorandum was submitted to Government in regard to a scheme for the formation of rural health units in half taluks, the provision of District Health Officers, and a Central Department of Health. The total cost of this scheme was in the neighbourhood of Rs. 30,00,000 of which it was proposed that District and Panchayet Funds should furnish 12 lakhs and the State 18 lakhs. Since that time the experience gained in the six months' existence of the experimental Rural Health Unit at Mandya and certain decisions of Government in regard to policy have made it seem wise to re-consider the whole situation and present a second memorandum.

In the report on the first survey of the State certain recommendations were made for the reorganization of the Central Department of health. Government has expressed its acceptance of these recommendations and an order putting them into force will issue shortly. No further consideration of this reorganization at this stage is necessary and no mention of the Department of Health will be necessary in this memorandum beyond a statement of its proposed budget.

Government has not accepted the idea of Health units for half taluk but in the expected reorganization order indicates its interest in the establishment of Taluk Units and request a memorandum on the possibility of their organization at the rate of six a year. This memorandum may be considered as an answer to that request.

This is not the place, nor do six months furnish sufficient information, to consider at any length the question of the work of rural health units. We may say, however, that the experimental unit gives every promise of fully justifying the establishment throughtout the State of such units and gives us some quite definite ideas as to the staff necessary to carry out the scheme. The work of such units may be divided into at least five parts. These are (1) the control of epidemic diseases; (2) the improvement of health by maternal and infant welfare work, school examinations, clinics and the like; (3) supervision over and improvement of the reporting of vital statistics; (4) the encouragement and supervision of works tending to improve health such as the provision of wells, latrines, drains, extensions etc.; (5) the education of the people in health mattters. All but the first of these aims will be a question of continuous efforts and cannot be expected to show their full value for many years to come. The control of epidemic diseases, on the contrary, is much more immediate and results can be very striking. The delay in demonstrable results in the other three aims of the work should not be allowed to discourage all effort since even a moderate degree of control of epidemic diseases would amply justify the existence and continuance of the whole effort. It is in this field that the experience of six months at Mandya has proven the decided success of the experiment.

Taluk Health Unit Staff.

In adopting Government's acceptance of the idea of one unit to a Taluk, it immediately becomes apparent that the present staff of the Mandya unit, which was organized on the basis of a half taluk, is too small and experience further shows that we did not emphasize sufficiently the importance of vaccination and maternal and infant welfare work. The Taluk units should consist of a Health Officer, a Sanitary Inspector and a Clerk for the Taluk and an Assistant Inspector, a Vaccinator and a Midwife for each hobli in the Taluk, with necessary peons.

It may be possible later, when a complete vaccination programme has been carried out in the State, to reduce the number or vaccinators but for some years they will be the most active members of the staff.

The Assistant Inspectors will be S. S. L. C. men, locally trained by field experience and teaching, such as are now used in the Mandya Unit and in the Stations for the Study of Malaria. They have proved to be satisfactory and will

give a cheap service which will be efficient when adequately supervised. They will also serve as a reservoir for the recruitment of candidates for school training as qualified Sanitary Inspectors. The suggested pay is Rs. 30—2—50. They will be required to maintain bicycles or ponies and will have a fixed allowance for the same.

The midwives should have regular training to which, as soon as possible, should be added training in maternal and infant welfare work. Midwives are chosen for these posts since there is already such a class in Government service and lady health visitors would be impossible to find in sufficient numbers. It is expected that they will do more maternal and infant welfare work than actual child birth supervision. They will form the basis of any maternal and infant welfare scheme for the State. In order to attract a higher class of applicants and to provide for the extra qualifications of health visiting, the pay suggested is Rs. 30—2—50, with a fixed allowance to cover travel to villages.

The Sanitary Inspector, until all the units are organized, should be a sub-Assistant Surgeon in training for a position as Taluk Health Officer. When the necessary number of Health Officers is obtained, a qualified Inspector should be used. If and when, it becomes possible to institute a complete maternal and infant welfare programme, a trained lady health visitor may be substituted for the Sanitary Inspector. She will work through the trained midwives of whom she will have control under the Health Officer. The suggested pay is Rs. 50—5/2—100 with a fixed allowance in accordance with present District practise.

The Taluk Health Officer should be a Sub-Assistant Surgeon with either field or school training in health unit work. The suggested pay is Rs. 75—5—150—10—200, with an allowance of Rs. 45 per month for maintenance of a motor cycle, or pony, according to local conditions. Experience gained at Mandya demonstrates that there is a marked decrease in efficiency in the Health Officer's work unless he is required to have a proper conveyance so that there is not such a disproportionate amount of time spent on the roads. If he is expected to hold, say, three infant clinics a week in various parts of the Taluk, without a proper conveyance, it means that he spends three whole days going to, returning from and holding three clinics. If he has to make tours of hoblis by bicycle and cart he is away from the center and inaccessible for too long a period at a time. He should be able to reach all boundaries of his area and return in half a day at the least. A further study of this question will be sent in later.

The expense of such a staff works out in round figures at Rs. 5,200 for the taluk officers and Rs. 1,800 per hobli in addition.

Taluk Health Units.

Taluk			Hobli		
Item	Average monthly pay	Annual	Item	Average monthly pay	Annual
	Rs.	Rs.		Rs.	Rs.
1 Health Officer ..	115		1 Assistant Inspector ...	40	
1 Sanitary Inspector ..	70		1 Vaccinator ..	30	
1 Clerk ...	35		1 Midwife ...	40	
4 Peons ...	48		1 Peon ...	12	
Allowances ..	80		Allowances ...	28	
	348	4,176		150	1,800
Contingencies, etc. ...	..	1,024			
Total ..	...	5,200	Total ...		1,800

As will be seen later the Taluk Units will consist on the average of six hoblis each, so the average yearly cost of each unit would be Rs. 16,000.

District Health Officer.

With the growth of this system of Taluk Health Units it will be necessary to have more direct supervision than can be exercised by a central department. Furthermore it will be necessary to have an officer to facilitate the collection and classification of all statistics districtwar. Also municipalities above a certain size will not be included in the Taluk Health Units and a District Officer will be necessary to supervise their health establishments and work. All this can be done by the appointment of District Health Officers, with adequate staff, as the formation of Taluk work justifies it. The District Health Officers should be of Assistant Surgeon grade with well established Indian or foreign health qualifications. Their suggested pay is Rs. 200-20-400. They should be assisted by two senior Sanitary Inspectors whose suggested pay is Rs. 50-5—2-100. With the inauguration of maternal and infant welfare work one of these inspectors' posts should be given to a District Lady Health Visitor who would be responsible, under the District Health Officer, for all such work in Municipalities and Taluk Health Units of the District. The office should have two vaccinators, four clerks and five peons. Including travelling allowances the cost of such a staff would be approximately Rs. 15,000 a year.

Municipalities.

All municipalities below 5,000 population will be included under the Taluk Health Units on the same basis as panchayets.

Municipalities with between 5,000 and 7,500 population will be included under the Taluk Health Units on the same basis as panchayets but in addition must employ an Assistant Sanitary Inspector who will be under the supervision of the Taluk Health Officer.

The Taluk Health Officer should be a member of all village panchayets and municipal councils, in municipalities of the sizes stated, and should be the official health officer of these bodies. He should be allowed to have the Assistant Sanitary Inspector attend ordinary panchayet meetings as his deputy but the voting membership should be his alone.

Due to the disproportionate amount of the time of the Taluk Health Officer and his staff which would be taken up by municipalities of over 7,500 population, such municipalities will be considered as outside the scheme of Taluk Health Units, nor would the Sanitary Board Area of the Kolar Gold Fields be included. They will be a special charge of the District Health Officer who will see that they maintain a health staff suitable to their incomes and will directly supervise their work. Municipalities of over 15,000 population should have Health Officers of their own of either Assistant or Sub-Assistant Surgeon grade, depending on their budgets.

Number of Taluk Units Required.

In considering the taluks and hoblis of the State it seemed best so to arrange them that no unit would have less than four nor more than nine hoblis. With this in mind the following list was drawn up:—

Mysore District.—Thirteen taluks with 80 hoblis.

Hunsur and Periapatna are combined into one Unit.
Seringapatam and French Rocks are combined.
Chamrajnagar and Yelandur are combined.

Chitaldrug District.—Six taluks with 40 hoblis.

Jagalur and Chitaldrug are combined into one unit.
Davangere and Harihar are combined.
Molkalmuru and Challakere are combined.

Tumkur District.—Eight taluks with 50 hoblis.

Tiptur and Turuvekere are combined into one unit.
Madhugiri and Koratagere are combined.

Bangalore District.—Nine taluks with 52 hoblis.

Channapatna and Closepet are combined into one unit.

Kolar District.—Ten taluks with 55 hoblis of which about two are in the Sanitary Board area leaving 53 hoblis, Bagepalli and Gudibanda are combined into one unit.

Hassan District.—Six taluks with 40 hoblis.

Hassan and Alur are combined into one unit.
Hole-Narsipur and Arkalgud are combined.

Shimoga District.—Seven taluks with 40 hoblis.

Shimoga and Kumsi are combined into one unit.
Honnali and Channagiri are combined.

Kadur District.—Five taluks with 35 hoblis.

Tarikere and Narasimharajapura are combined into one unit.
Koppa and Sringeri are combined.

This is a total for the State of 64 taluks with 381 hoblis, an average size per taluk unit of six hoblis. The cost of such an organization for the State on the basis of Rs. 5,200 per taluk plus Rs. 1,800—per hobli would be Rs. 10,18,600.

Sources of Funds for Taluk Units.

The expense of these units should be shared between the Village Panchayets, the District Board and the State Government since it is to large for any of these alone to pay and since it may be accepted as a guiding principle that local authorities should pay for as much of their helth work as they can. It is very difficult to arrive at any figure which the panchayets might be expected to contribute but after considerable discussion in consultation it seems probable that as a conservative estimate the panchayets should contribute 31·25 per cent, of the cost, the Districts 31·25 per cent, and the State 37·5 per cent. To the average unit of six hoblis, estimated to cost Rs. 16,000 per annum, the Panchayets of the taluk would be expected to contribute Rs. 5,000 the District Board Rs. 5,000 per Taluk and the State Rs. 6,000 per unit.

The total cost of the scheme for the State by Districts, using the list of taluks and hoblis given above would be as follows.

Total Cost of Taluk Units and Sources of the necessary Funds.

District	No. of Taluk Units	Total number of Hoblis	Total cost of Taluk Units per annum	Contribution from		
				All Village Panchayets of Districts	District Board	State
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Mysore ...	13	80	2,11,600	66,125	66,125	79,350
Chitaldrug ...	6	31	87,000	27,188	27,187	32,625
Tumkur ...	8	50	1,31,600	41,125	41,125	49,350
Bangalore ...	9	52	1,40,400	43,875	43,875	52,650
Kolar ...	10	53	1,47,400	46,063	46,062	55,275
Hassan ...	6	40	1,03,200	32,250	32,250	38,700
Shimoga ...	7	40	1,08,400	33,875	33,875	40,650
Kadur ...	5	35	89,000	27,813	27,812	33,375
State ...	64	381	10,18,600	3,18,314	3,18,311	3,81,975

The statement has been made elsewhere that there will eventually be 9,064 village panchayets in the State, not including 2,618 minor hamlets. On the basis of 9,064 panchayets and a cost of Rs. 10,18,600 the average cost per panchayet would be about Rs. 35.

The cost of the Taluk units to District Boards varies with the number of taluks and hoblis in the District. A later section will consider more fully the amount expected from Districts and from the State.

Works Fund.

All of the preceding discussion has dealt with staff only with no consideration of necessary expenses for works. Such expenses would be along the line of (a) provision of sera and vaccines; (b) equipment for work; (c) provision or improvement of latrines, wells, drains, extensions, etc. There are three possible sources for such funds, either the panchayet (either by money or labour), the District Board or the State. As has been stated before, the policy should be that everything possible should be either carried out or paid for by the concerned local authority and the intention of the work should be to get as much actual labour as possible from the villagers themselves. There is a provision in the Panchayet Regulations for the levying of an additional tax which may be paid either in money or by labour not to exceed 18 days per year. If the existing funds of the panchayets do not allow expenditure for sanitary purposes, this additional levy should be imposed and resulting funds or labour used for the purposes mentioned above.

However, it is probable that even this will be insufficient and it is proposed that each District be required to budget an amount to be known as a Works Fund which will be used for grants, exclusively to panchayets, for health purposes only. If this budget item is not to be excessive in any year, it should be made cumulative. The item on the budget would be the same every year but unexpended balances would go to form a fund and not revert to general funds at the end of the financial year. If this is adopted quite moderate yearly grants would be sufficient to pay for necessary works under this scheme. Grants from this fund could be made by a Health Committee of the District Board of which the Deputy Commissioner should be Chairman and the District Health Officer be Executive Secretary. All works undertaken from such grants, no matter by whom they might be carried out, should be subject to the approval and supervision of the District Health Officer as far as specific plans and work are concerned.

Provided such funds are made cumulative for each District it seems probable that the amounts given in the following table will be sufficient. The table also gives the amount necessary for staff of the Taluk Health Units and the total required from each District. This total would be the entire amount required for all health staff and works, no further grants being necessary. The District Health Officer and his staff are not included under District expenditure as the State is to pay this amount. For comparison there are also given the total income, not including unexpended balances, for the year mentioned and the amount budgeted in that year for purposes which would come under the present scheme.

Total District Contributions.

(PROVIDED WORKS FUNDS ARE MADE CUMULATIVE FROM YEAR TO YEAR.)

District	Present Arrangements			Proposed Expenditure			Per cent of Income for year mentioned. Required by new Proposal.
	Year for which figures are given	Amounts on budget which would come under new scheme	Income (not including unexpended balances)	For Taluk Health Units	For Works Fund	Total	
		Rs.	Rs.	Rs.	Rs.	Rs.	
Mysore ..	1926-27	28.096	4,95,141	66,125	45,000	1,11,125	22·4
Chitaldrug ...	1927-28	14,405	2,60,446	27,187	30,000	57,187	21·8
Tumkur ..	,,	29,986	2,66,405	41,125	30,000	71,125	26·7
Bangalore ...	,,	55,813	2,97,017	43,875	35,000	78,875	26·6
Kolar ..	,,	21,790	3,67,942	46,062	35,000	81,062	22·0
Hassan ..	1928-29	41,821	3,96,278	32,250	40,000	72,250	18·2
Shimoga ...	1927-28	19,652	2,85,720	33.875	35,000	68,875	24·1
Kadur ..	,,	12,690	2,20,345	27,812	30,000	57,812	26·2
Total ...	...	2,24,253	25,89,294	3,18,311	2,80,000	5,98,311	23·1

State Expenditure.

The State would pay (a) its proportion of the expense of the Taluk Health Unit staffs; (b) Rs. 15,000 for each District Health Officer and his staff, a total of eight Districts of Rs. 1,20,000; (c) for the central Department of Health organized along lines already approved; (d) extra funds for grants to Municipalities, Districts, etc., for any necessary extension of the work of the Department of Health, for special research or field problems, etc.

The cost to the State of the Taluk Health Units has already been mentioned as Rs. 3,81,975. To this should be added the Rs. 1,20,000 for the District Health Officers establishments, a total of Rs. 5,01,975. It seems possible that a total of Rs. 2,30,000 for the central Department of Health will be sufficient for all present recommendations as to organization and for some future growth, particularly as the budget will be relieved of certain expenditures as the District Works Funds come into operation. This amount does *not* include the amount which any sanitary engineering staff transferred from the Public Works Department would be expected to bring over with them from the Public Works Department to the Department of Health.

The total State expenditure required under the present proposals would be Rs. 7,32,000. It is probable that the eventual State expenditure should be close to Rs. 10,00,000 for health purposes. This leaves an amount of Rs. 2,68,000 available for the extra funds mentioned under (d) in the first paragraph of this section.

Rate of Establishment of present proposals.

The rate at which the Taluk Health Units should be established will be governed in the next two or three years by the availability of suitable men. This will also be true of the appointment of District Health Officers and Bureau Chiefs in the central Department of Health. There is one man now being trained to be a Taluk Health Officer, so in 1930-31 we may establish one new unit and continue the present experimental unit. In 1931-32 we would have two trained men available so could establish two new units, a total of four altogether. In 1932-33 there could be four new units, a total of eight. As five more units would complete the Mysore District it is recommended that this be done in 1933-34. Thereafter units for a whole District at a time could be established and this would probably be the wisest procedure. It is probably best that the Districts be taken in the following order and years:—Mysore District completed in 1933-34 with District Health Officer and staff to be appointed in 1932-33 and Works Fund to begin in 1930-31

Chitaldrug District	Taluk Health Units, Works Fund and District Health Officer in	...	1934-35
Tumkur District	Do	...	1935-36
Bangalore District	Do	...	1936-37
Kolar District	Do	...	1937-38
Hassan District	Do	...	1938-39
Shimoga District	Do	...	1939-40
Kadur District	Do	...	1940-41

The table given as Appendix A gives the total cost of the present proposals to all contributing bodies. The cost of the Taluk Health Units given in this table was figured on the average size of six hoblis per taluk to cost Rs. 16,000 each. The years in which it is proposed that the various details of the plan begin to operate are also given. No mention is made of the proposed extra sum of approximately Rs. 2,66,000 which the State is expected to contribute to bring its eventual total up to 10 lakhs.

General Remarks.

It should be mentioned that the contributions from Panchayets and Districts for the Taluk Health Units should be paid into the State Treasury. This will probably, not be possible until towards the end of the financial year, so it will be necessary for the State to advance the money to run the units and recover from the Panchayet and District deposits in the usual course.

It is of interest that the total expenditure of Appendix " A " Rs. 16,54,000 is divided as follows :—

			Rs.		
Central Department of Health	...	..	2,30,000	14·0	per cent
District Health Offices	...	...	1,20,000	7·0	do
Taluk Health Units	..	...	10,24,000	62·0	do
Works Funds	...	..	2,80,000	17·0	do

This is 21 per cent for supervision and 79 per cent for rural health work, not including any municipalities over 7,500 population. The entire cost of the scheme is paid as follows. Twenty per cent by village panchayets, 36 per cent by district boards and 44 per cent by the State. It should undoubtedly be the policy of Government to increase the village panchayet percentage of contribution as rapidly as possible.

It is the purpose of the plans outlined here to undertake all health work in the State, and only health work. The plan will not work satisfactorily if other duties than those mentioned in this memorandum are placed on the health personnel. Experience in practically all countries has proven that health work cannot be done satisfactorily when an effort to economize is made by including other than health duties. This cannot be too strongly emphasized. On the other hand, it is always most economical to place all health work in one department. It is not a good policy to have separate staff and plans for various diseases or health problems. There is no reason why the organization here outlined should not deal with all such health campaigns as those concerned with malaria, hookworm, infant and maternal welfare, tuberculosis, venereal diseases, school medical examinations, and others which might be mentioned.

During the growth of the proposed organization the character of men employed will be of the utmost importance. To avoid much delay and to give more chance for the men directly concerned to exercise the necessary judgment, it is proposed that the Department of Health be given authority to advertise its own posts, receive applications, interview applicants and make appointments subject to the announced Government policies in this matter. It will also be important that men obviously unsuited to health work should be removed as soon as possible, so it is also suggested that the Department be given authority to deal rapidly with such situations. If necessary, a committee could be appointed to do this. Such a committee might consists of the Director of Health, the Senior Surgeon and the consultant in Health.

APPENDIX "A."

Total Cost of Present Proposals to the Various Contributing Bodies.
(The Taluk Health Unit cost is figured on six hoblis per taluk, the average size of a Unit, to cost Rs. 16,000.)

Year	Number of Taluk Health Units		Village Panchayet contribution to Taluk Health Units	District Contributions			State Contributions			
	New	Total		Taluk Health Units	Works Fund	Total	Taluk Health Units	District Health Offices	Central Dept. of Health	Total
1930–31	1	2	10,000	10,000 Mysore.	35,000 Mysore.	45,000 Mysore.	12,000	...	1,38,000	2,00,000
1931–32	2	4	20,000	20,000 Mysore.	35,000 Mysore.	55,000 Mysore.	24,000	...	1,94,000	2,18,000
1932–33	4	8	40,000	40,000 Mysore.	35,000 Mysore.	75,000 Mysore.	48,000	15,000	2,00,000	2,63,000
1933–34	5	13	65,000	65,000 Mysore.	45,000 Mysore.	1,10,000 Mysore.	78,000	15,000	2,07,000	3,00,000
1934–35	6	19	95,000	As above and 30,000 Chitaldrug.	As above and 30,000 Chitaldrug.	As above and 60,000 Chitaldrug.	1,14,000	30,000	2,15,000	3,59,000
1935–36	8	27	1,35,000	95,000 and 40,000 Tumkur.	75,000 and 30,000 Tumkur.	1,70,000 and 70,000 Tumkur.	1,62,000	45,000	2,36,000	4,37,000
1936–37	9	36	1,80,000	1,35,000 and 45,000 Bangalore.	1,05,000 and 35,000 Bangalore.	2,40,000 and 80,000 Bangalore.	2,16,000	60,000	2,30,000	5,06,000
1937–38	10	46	2,30,000	1,80,000 and 50,000 Kolar.	1,40,000 and 35,000 Kolar.	3,20,000 and 85,000 Kolar.	2,76,000	75,000	2,30,000	5,81,000
1938–39	6	52	2,60,000	2,30,000 and 30,000 Hassan.	1,75,000 and 40,000 Hassan.	4,05,000 and 70,000 Hassan.	3,12,000	90,000	2,30,000	6,32,000
1939–40	7	59	2,95,000	2,60,000 and 35,000 Shimoga.	2,15,000 and 35,000 Shimoga.	4,75,000 and 70,000 Shimoga.	3,54,000	1,05,000	2,30,000	6,89,000
1940–41	5	64	3,20,000	2,95,000 and 25,000 Kadur.	2,50,000 and 30,000 Kadur.	5,45,000 and 55,000 Kadur.	3,84,000	1,20,000	2,30,000	7,34,000
Thereafter	..	64	3,20,000	3,20,000	2,80,000	6,00,000	3,84,000	1,20,000	2,30,000	7,34,000

WD 3158—GPB—100—3-5-30

Contributions of Individual Panchayets to Average Cost of Rural Health Unit.

MANDYA TALUK. (Contd.)

Serial Number	Name of Panchayet	Annual Income	% of Total Income.	Contribution to Rl. Health Unit	Serial Number	Name of Panchayet.	Annual Income	% of Total Income.	Contribution to Rl. Health Unit.
		Rs		Rs			Rs		Rs
103.	Cheernahally ..	159	0.4	22	153.	Neelakantanahally.	77	0.2	11
104.	Kalanahally. ..	92	0.2	11	154.	Budeguppe. ..	63	0.2	11
105.	Ragimaddanahally...	75	0.2	11	155.	Nagarekere ..	13	0.4	22
106.	Urmarakesallegere..	135	0.4	22	156.	Gorvanahally ..	81	0.2	11
107.	Yelechakanahally...	296	0.8	44	157.	Huligerepura. ..	57	0.1	6
108.	Nodekoppal, ..	44	0.1	6	158.	Ajjahally ..	69	0.2	11
109.	Bevinahally, ..	144	0.4	22	159.	Chamanahally ..	392	1.0	56
110.	Soonaganahally. ..	200	0.5	28	160.	Kodahally ..	63	0.2	11
111.	S. Hennige.* ..	63	0.2	11	161.	Chunchegahally ..	75	0.2	11
112.	S. Belur.* ..	149	0.4	22	162.	Sadalaloo ..	112	0.3	16
113	S. Santhekeselegere.	323	0.8	44	163.	Kabbare ..	60	0.1	6
114.	Halahally. ..	137	0.4	22	164.	Hagalahally. ..	118	0.3	16
115.	Kothanahally. ..	187	0.5	28	165.	Alur. ..	104	0.3	16
116.	Mudigere ..	184	0.5	28	166.	Desihally ..	150	0.4	22
117.	Somanahally ..	101	0.3	16	167.	Valagarahally. ..	335	0.9	50
118.	Kowdalai ..	426	1.1	61	168.	Sollepura, ..	68	0.2	11
119.	Haralakere. ..	197	0.5	28	169.	Borapura ..	60	0.1	6
120.	Biderkote ..	286	0.7	39	170.	Gajjelegere ..	190	0.5	28
121.	Konasale, ..	208	0.5	28	171.	Kudargundi. ..	128	0.3	16
122.	Besagarahally. ..	440	1.1	61	172.	K. Hulikere.* ..	74	0.2	11
123.	Koppa ..	432	1.1	61	173.	K. Byadrahally * ..	53	0.1	6
124.	Chickanahally. ..	157	0.4	22	174.	K. Uppinakere.* ..	98	0.3	16
125.	Keelaghatta. ..	107	0.3	16	175.	Haranakanahally. ..	196	0.5	28
126.	Bekkalele ..	334	0.9	50	176.	Machally, ..	102	0.3	16
127.	Nilluvagal ..	152	0.4	22	177	Hebbaraloo ..	129	0.3	16
128.	Nambinaikanahally.	165	0.4	22	178.	Nidhigatta ..	361	0.9	50
129.	Gulur ..	140	0.4	22	179.	Thippur ..	210	0.6	33
130.	Malligere, ..	154	0.4	22	180.	Huthagere, ..	192	0.5	28
131.	Yedavanahally. ..	170	0.5	28	181.	Alamsettihally. ..	133	0.4	22
132	Maraliga. ..	177	0.5	28	182.	Hemmanahally ..	149	0.4	22
133.	Kodahally, ..	119	0.3	16	183.	Thorisettihally. ..	146	0.4	22
134.	D.Hosahally, ..	63	0.2	11	184.	Navile. ..	92	0.2	11
135.	Belathoor ..	126	0.3	16	185.	Kadalur ..	286	0.7	39
136.	Hasagavi ..	232	0.6	33	186.	Dodda Ankanahally..	106	0.3	16
137.	Karangoor ..	100	0.3	16	187.	Thylar, ..	159	0.4	22.
138.	Hurugalavady ..	71	0.2	11.	188.	Yeraganahally ..	55	0.1	6
139	Hosakere. ..	170	0.5	28	189.	Dundarahally ..	129	0.3	16
140.	Thaggahally, ..	217	0.6	33	190.	Mallanekuppe.. ..	84	0.2	11
141.	S. Rampur, ..	70	0.2	11	191.	Hanumanthapur ..	66	0.2	11
142.	K. Abalavady. ..	210	0.6	33	192.	Athagur ..	185	0.5	28
143.	Jodikuntanahally...	15	0.05	3	193.	Mallanaickanahalli.	60	0.1	6
144.	Bellur, ..	184	0.5	28	194.	Byalakere ..	61	0.1	6
145.	Chennegowdanadoddi.	67	0.2	11	195.	S. Kastur, ..	369	1.0	56
146	Dadaga. ..	42	0.1	6	196.	Budanur. ..	550	1.5	83
147.	Haluganahally ..	65	0.2	11	197.	Honaganahally ..	131	0.4	22
148	Honnatigere ..	485	1.2	67	198.	Maraligahally ..	125	0.3	16
149.	Somanahally, ..	128	0.3	16					
150.	Somapur. ..	91	0.2	11	Mandya Municipality. ..		5358	14.0	834
151.	Vaidyanathpur. ..	107	0.3	16					
152.	Channasandra. ..	62	0.2	11	Maddur Municipality. ..		2499	6.5	362

K = Kayamgutta. S = Sarvamanya. J = Jodi. I = Inam.

Contributions of Individual Panchayets to Average Cost of Rural Health Unit

MALVALLI TALUK.

Serial Number.	Name of Panchayet.	Annual Income	% of Total Income.	Contribution to Rl.Health Unit	Serial Number.	Name of Panchayet.	Annual Income.	% of Total Income.	Contribution to Rl.Health Unit
		Rs		Rs			Rs		Rs
1.	Malavalli Group.	151	0.7	31	51.	Koregala ..	78	0.4	18
2.	Gajnur ..	181	0.9	40	52.	Madahalli ..	92	0.4	18
3.	Kamasagar. ..	90	0.4	18	53.	Hullagala ..	38	0.2	9
4.	Appugowdanahalli.	106	0.5	22	54.	Dugganahalli..	159	0.8	35
5.	Amrithiswaranahalli.	141	0.7	31	55.	Devipoor ..	100	0.5	22
6.	Agasanapur ..	287	1.5	66	56.	Bandur ..	132	0.6	27
7.	Hadli. ..	130	0.7	31	57.	Virajipura ..	52	0.3	13
8.	Nadakalapur. ..	210	1.1	49	58.	Hanakola ..	132	0.6	27
9.	Banasamudra ..	174	0.8	35	59.	Ganaganoor ..	7	0.05	2
10.	Hullagala ..	119	0.6	27	60.	Yedaganhalli..	171	0.8	35
11.	Banagahalli ..	154	0.7	31	61.	Kodalavagil ..	226	1.2	53
12.	Yathambadi ..	163	0.8	35	62.	Madarhalli ..	128	0.6	27
13.	Marehalli. ..	82	0.4	18	63.	Mellahalli ..	56	0.3	13
14.	Nidaghatta ..	144	0.7	31	64.	Koolagere ..	248	1.3	58
15.	Varahalli ..	143	0.7	31	65.	Karadakere ..	162	0.8	35
16.	Gowdgere ..	75	0.4	18	66.	Doddarasinkere.	461	2.3	102
17.	Nelamakanahalli.	229	1.2	53	67.	Chickarasinkere.	195	1.1	49
18.	Kandagala ..	158	0.8	35	68.	Sabhanhalli ..	102	0.5	22
19.	Channapur ..	91	0.4	18	69.	Kadukothanahalli.	233	1.2	53
20.	Dhanagar. ..	248	1.3	58	70.	Settihalli ..	190	0.9	40
21.	Kodipur ..	65	0.3	13	71.	Yelladahalli..	123	0.6	27
22.	Halasahalli ..	178	0.9	40	72.	Karakahalli...	78	0.4	18
23.	Anatharavalli ..	102	0.5	22	73.	Bidarahalli ..	75	0.4	18
24.	Ravani. ..	213	1.1	49	74.	Hosahalli ..	69	0.3	13
25.	Kemboothagere ..	67	0.3	13	75.	Annoor. ..	125	0.6	27
26.	Hullahalli ..	80	0.4	18	76.	Kyathaghatta..	88	0.4	18
27.	Husakur ..	238	1.3	58	77.	Chatradahosahalli.	32	0.2	9
28.	Thammadihalli ..	98	0.5	22	78.	Manigere ..	61	0.3	13
29.	Ramandoor. ..	171	0.8	35	79.	Bannahalli ..	117	0.5	22
30.	Desahalli ..	76	0.4	18	80.	Madenhalli ..	111	0.5	22
31.	Huvinkoppal ..	59	0.3	13	81.	Boppasamudra.	71	0.4	18
32.	Maliyur. ..	125	0.6	27	82.	Bujavalli ..	72	0.4	18
33.	Uppanahalli ..	119	0.6	27	83.	Thorebommanahalli.	94	0.4	18
34.	Settihalli ..	79	0.4	18	84.	Mudenahalli ..	44	0.2	9
35.	Sasiyalapur. ..	162	0.8	35	85.	Honnayakanhatti.	110	0.5	22
36.	Thalagawadi. ..	225	1.2	53	86.	Hagalahalli ..	128	0.6	27
37.	Kirgaval. ..	543	2.7	120	87.	Hondalagere ..	207	1.1	49
38.	Chickamalogad...	186	0.9	40	88.	Aruvanahalli..	146	0.7	31
39.	Anasale ..	111	0.5	22	89.	Thorechakanahalli.	24	0.1	5
40.	Mikkere ..	132	0.6	27	90.	Alboojanahalli.	53	0.8	
41.	Hitnahalli ..	134	0.6	27	91.	Marasagere ..	70	0.3	13
42.	Avverahalli ..	129	0.6	27	92.	Siromahalli ..	37	0.2	9
43.	Bendarawadi ..	129	0.6	27	93.	Kaggala. ..	96	0.5	22
44.	Sajjaloor ..	173	0.8	35	94.	Kodagahalli ..	226	1.2	53
45.	Doruahalli ..	73	0.4	18	95.	Vasarahalli ..	149	0.7	31
46.	Nennoor ..	42	0.2	9	96.	Panditthanahalli.	166	0.8	35
47.	Maikal ..	156	0.8	35	97.	Thigadahalli..	123	0.6	27
48.	Kalkuni ..	445	2.2.	98	98.	Hebbani ..	90	0.4	18
49.	Ragibommanahalli.	189	0.9	40	99.	Netkal. ..	145	0.7	31
50.	Maganoor ..	53	0.2	9	100.	Boppagowdanapur.	261	1.4	62

Contributions of Individual Panchayets to Average Cost of Rural Health Unit.

MALVALLI TALUK.

(Contd.)

Serial Number	Name of Panchayet.	Annual Income	% of Total Income.	Contribution to Rl.Health Unit.	Serial Number	Name of Panchayet.	Annual Income.	% of Total Income.	Contribution to Rl. Health Unit.
		Rs		Rs			Rs		Rs
101.	Chickabhagal. ..	118	0.6	27	123.	Gollarahalli. ..	76	0.4	18
102.	Hullamhalli. ..	65	0.3	13	124.	Bydarahalli ..	131	0.6	27
103.	Ballagere ..	108	0.5	22	125.	Thorekadanapalli.	74	0.4	18
104.	Hamvadi ..	30	0.1	5	126.	Doddayelachagere.	73	0.4	18
105.	Somanahalli ..	95	0.4	18	127.	Nitoor ..	158	0.8	35
106.	Mattinathapur ..	72	0.4	18	128.	Syagesargoor ..	90	0.4	18
107.	Sargur. ..	167	0.8	35	129.	Vaderabasvapura.	100	0.5	22
108.	Kirogasar ..	63	0.3	13	130.	Hosapet Basvapura.	85	0.4	18
109.	Doddabodhalli ..	108	0.5	22	131.	Balehonniga ..	138	0.7	31
110.	Kadabahalli ..	71	0.4	18	132.	Devarahalli ..	73	0.4	18
111.	Kyathanahalli ..	243	1.3	58	133.	Nandipur ..	140	0.7	31
112.	Chotanahalli ..	348	1.9	84	134.	Boohalli ..	206	1.1	49
113.	Poorigali ..	314	1.7	75	135.	Maragowdanahalli.	158	0.8	35
114.	Kaggalipur. ..	127	0.6	27	136.	Halagur. ..	680	3.4	151
115.	Mallikyathanahalli	12	0.05	2	137.	Lingapatna ..	307	1.6	71
116.	Hosahalli ..	203	1.1	49	138.	Kunthoor. ..	110	0.5	22
117.	Dyavapatna ..	52	0.3	13	139.	Halasahalli. ..	150	0.7	31
118.	Kanchugahalli ..	57	0.3	13	140.	Gundapur. ..	178	0.9	40
119.	Dasanadoddi ..	84	0.4	18	141.	Delvaijodihalli.	166	0.8	35
120.	Kundoor ..	233	1.2	53	142.	Harihara ..	207	1.1	49
121.	Chanderalli ..	67	0.3	13	143.	Honniganahalli..	117	0.5	22
122.	Thenkahalli ..	145	0.7	31	144.	Kadahalli ..	115	0.5	22

774

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE,
PUBLIC HEALTH DEPARTMENT.

Gen 48-29-2

1904

In reply please quote
No. C.856-2

OFFICE OF THE DIRECTOR OF HEALTH WITH THE GOVERNMENT OF MYSORE,

Bangalore, dated the 4th April 1930

Enc. Gen

Tele {gram—SENORGEN. phone—No. 27.

GENERAL MISCELLANEOUS BRANCH
6140
5 APR. 1930

FROM

J. V. KARVE, Esq., M.B., ch.B., (Edin.), D.P.H., (LONDON),
Director of Health with the Government of
His Highness the Maharaja of Mysore,
Bangalore.

Urgent 5/4

To

R.Ranga Rao Esq., B.A., B.L.,
General Secretary to the Government of
H.H. the Maharaja of Mysore, Bangalore.

SIR,

I have the honour to forward herewith for favour of perusal and orders of Government, D.O. Letter No. T. 342 dated 26/27th March 1930 from Dr. W.C.Sweet making proposals for the expansion of the Rural Health Unit Scheme, to take in the entire taluks of Mandya and Malavalli during 1930-31 and to state that Government Order No. G. 6680-730/Sany. 55-27-34 dated 28th November 1929 has contemplated such extension. It has also been suggested in the Memorandum on the formation of Taluk Health Units throughout the State, subsequently submitted to Government.

74. A.

4 R

The details as to the cost of the proposals, the contributions from the District Boards, the Panchayets and the Government, the establishment necessary &c., have been so clearly indicated in Dr. Sweet's Letter that it is hardly necessary for me to elaborate on these. I therefore commend the proposals outlined, for favourable consideration of Government.

I have the honour to be

Sir,

Your most obedient servant

J V Karve

Director of Health.

OFFICE OF THE DIRECTOR
OF
HEALTH IN MYSORE.
Bangalore, dated 4-4-30
G. R. No. 1420
File No.
Despatch No.

D. O. No. T. 342
27-3-30

OFFICE OF THE CONSULTANT IN HEALTH
WITH THE GOVERNMENT OF MYSORE,

Bangalore, dated, 26th March 1930
27th

Dear Sir,

Some time ago I sent you a memorandum on health organization in Mysore State, outlining plans for taluk health units throughout the State. In that memorandum I suggested that the existing Unit at Mandya be expanded to cover the whole taluk and that one new Unit be started during the financial year 1930-31. This letter contains proposals for the expansion of the Mandya Unit and for the establishment of a new Unit in Malvalli Taluk beginning on July 1st. I am sure that our work at Mandya has amply demonstrated that there is a field for such Units, and I sincerely hope that Government will find it possible to take the first step in the expansion of these units during the coming financial year.

According to the memorandum these units were to cost Rs 1,800/- per hobli in the taluk and an additional Rs 5,200/- for the taluk. These amounts were figured on average pay. According to this estimate the Mandya Taluk which contains 7 hoblies will have an average cost of Rs 17,800/- per year. The Malvalli Taluk has 5 hoblies and will cost Rs 14,200/- per year. This being an average cost, there will, of course, be some reduction in the first year's running expenses.

For Mandya Taluk the cost would be as

follows:-

		Rs
1 Health Officer, 3rd class.	..	1,000
1 Sanitary Inspector	..	600
1 Clerk	..	360
4 Peons at Rs 12/- each.	..	576
Allowances Rs 80/- per month.	..	960
Contingencies.	..	1,104
		Rs 4,600

The Third Class Health Officer at Mandya has already served one year, and the Rs 1,000/- includes certain increments for him.

Hobli Staff:

		Rs
3 Assistant Inspectors.	..	1,336
4 Do @ Rs 30/-	..	1,440
7 Vaccinators @ Rs 20/-	..	1,680
1 Midwife	..	392
6 Midwives @ Rs 30/-	..	2,160
7 Peons @ Rs 12/-	..	1,008
Allowances Rs 28/- per month per hobli.	..	2,352
		10,368
Taluk Staff ..	..	4,600
For rounding. ..	..	32
Actual expenditure for 1930-31.	..	Rs 15,000

The three Assistant Inspectors given in this list are men already on the staff and are consequently due for

some increments in pay. The same is true of the one midwife listed by herself. The other four Assistant Inspectors and six midwives will be new.

For Malvalli Taluk Staff:

		Rs		Rs
1 Health Officer.	...	75		
1 Sanitary Inspector.	...	50		
1 Clerk	...	30		
4 Peons	...	48		
Allowances.	...	80		
		248	...	3,396

For Hobli Staff:

3 Assistant Inspectors.		1,336
2 Assistant Inspectors.		720
1 Vaccinator	..	256
4 Vaccinators @ Rs 20/- each.		960
5 Midwives @ Rs 30/-	"	1,800
5 Peons @ Rs 12/-	"	720
Allowances Rs 28/- per hobli per month.		1,680
	...	7,472
Taluk Staff	...	3,396
For rounding	...	32
Actual expenditure in 1930-31		Rs 10,900

In the Malvalli Hobli 3 Assistant Inspectors will be men already on the staff and two will be new. One vaccinator in this Unit will be a man already appointed who will be due for an increment.

The two Units will consequently cost Rs 25,900/- during the next financial year. According to the memorandum this amount has to come from three different sources, and according to the agreement with the Rockefeller Foundation, the Foundation still owes Rs 5,000/- towards the Mandya Unit. The amounts expected from the panchayets of these two taluks, the District Board, State and the Foundation are given in the following table.

Taluk.	Panchayet contribution.	District Board contribution.	State contribution.	Rockefeller Foundation Contribution.	Total
Mandya.	4,687	4,688	625	5,000	15,000
Malvalli.	3,406	3,406	4,088	-	10,900
Total	8,093	8,094	4,713	5,000	25,900

Arrangements will have to be made later as to the contribution which each panchayet in these two taluks will make. I am writing for a list of panchayets and municipalities and will send a statement of these amounts at a later date. Arrangement will also have to be made for the District Board to budget the necessary amount for these two units.

In addition the memorandum on health organization states that the District Board should provide a nonlapsable works fund. In the case of Mysore District this works fund amounts to Rs 45,000/- per year. We will consequently want a total on the 1930-31 budget of the Mysore District of Rs 53,094/- of which Rs 45,000/- is to be nonlapsable.

The memorandum also states that the District Health

Officer, his staff and his budget are to be provided by the State. The Director of Health is sending proposals for the assignment of a District Health Officer. The total State contribution consequently in 1930-31 would be as follows.

	Rs
For the District Health Officer. ...	15,000
For Rural Health Units.	9,713
	24,713

Of this total the Rockefeller Foundation will contribute Rs 5,000/- making an eventual State expenditure of Rs 19,713/-. The present cost of the Mandya Unit is in the neighbourhood of Rs 11,000/- per annum.

Yours sincerely,

W. C. Sweet,
Consultant in Health.

R. Ranga Rao, Esq., B.A., B.L.,
General Secretary
to the Government of Mysore,
B a n g a l o r e.
Through the Director of Health.

WCS:RB.

Appendix F G—1

SUBJECT.....

.....

.....

Diary No. of letter replied to.....

General and Revenue Secretariat

( )

the *192*

Date of issue 14.4.30

Signed by Mr. N.D. Rao.

List of enclosures.....

Copied by.....

Examined by.....

Section

File No.

Serial No.

No. G/2324.

To Dr. Rave.

Dear Sir,

The Chief Secy will be glad if you can kindly come & see him in the Public Offices sometime & discuss your Conv: ~~sometime~~ during this week, in Conn: with your proposals for the expansion of the Rural Health Unit scheme in the Mysore Dist.

Yours sincerely,

AA

over

MYSORE PUBLIC HEALTH DEPARTMENT.

D. O. No. C 856-4

Telegram—SENORGEN.
Telephone—No. 27,

J. V. KARVE, Esq., M.B., Ch.B., D.P.H.,
Director of Health.

OFFICE OF THE DIRECTOR OF HEALTH WITH THE GOVERNMENT OF MYSORE,

Bangalore, dated the 15th April 1930.

DEAR Mr. Madhava Rao,

Your D.O.No.G. 12324/Sany. 48-29 dated 14th Instant asking me to meet you at your office sometime during this week, to talk over proposals for expansion of the Rural Health Unit Scheme in the Mysore District.

With reference to the above, may I state that Dr. Sweet will be in direct charge of the organisation and working of the Scheme. It is therefore desirable that he is also with me when I go over to see you, lest I may miss some important detail in the discussion.

I will therefore go over to you to-morrow afternoon, say, at about 3-30.

Trusting that the hour and the date would suit your convenience.

Yours Sincerely

J. V. Karve

N. Madhava Rao, Esq., B.A., B.~~A.~~,
Chief Secretary to the Government of
Mysore, Bangalore.

D.O.No.4092/C.B.

15th April 1930

Dear Mr. Karve,

Thanks for your D.O. letter No.C.856-4 of this day. My object in asking you to see me was not to discuss proposals for the expansion of the Rural Health Unit Scheme specially, but to acquaint myself in a general way with pending questions relating to the Department. I did not therefore wish to trouble Dr. Sweet at this stage; but if it is not putting him to any inconvenience, I shall be obliged if ~~you~~ he could also come along with you. I shall be looking for you at 3-30 p.m. to-morrow.

Yours sincerely,

J.V.Karve, Esqr., M.B., Ch.B., etc.,
Director of Health, Mysore Government,
Bangalore.

Meeting took place at 3.30
Reminder sent to
Asst Dy.
16/4/30

Proceedings of the meeting held in the Second Member's Chambers on Monday the 5th May 1930, to discuss the Memorandum of Dr. Sweet on Health Organisation in the Mysore State.

P r e s e n t:

Rajamantrapravina C.S.Balasundaram Iyer,
Second Member of Council.
Rajamantrapravina K.Matthan,
Third Member of Council.
Rajakaryapravina P.G.D'Souza,
Revenue Commissioner.
Mr. N.Madhava Rao, Chief Secretary to Government.
" R.Ranga Rao, General Secretary to Government.
" B.Abdur Rahimon, President, District Board, Bangalore.
Dr. W.C.Sweet.
Mr. Mieldazis.
Dr. Karve.
Mr. G.Rudrappa, Deputy Commissioner, Shimoga District.
" K.V.Anantharaman, Deputy Commissioner, Mysore Dist.
" C.B.Gopala Rao, President, District Board, Kolar.

mr. A.K Syed

(Mr.N.S.Nanjundiah, President, District Board, Hassan, had written expressing his inability to attend the meeting.)

- - - - -

Dr. Sweet briefly explained the main features of the scheme outlined in his second Memorandum regarding rural health work. He stated that the proposals related mainly to

(1) the constitution of a Taluk Health Staff, and

(2) the formation of a Works Fund.

With regard to the former, Dr. Sweet observed that the staff suggested by him for the Taluk Health Units was the minimum necessary for an efficient organisation and that the bulk of the expenditure on this account should eventually.be met by the Village Panchayets and District Boards, but recognising that these bodies were not at present able to meet the entire expenditure,he had proposed that a proportion of the expenditure of the Taluk Health Units should be met by Government. He thought that the contribution now asked for from the Village Panchayets would not weigh very heavily upon them and illustrated this point by presenting a detailed

list showing the contributions that it was proposed to recover from Panchayets in the Mandya Taluk where a Rural Health Unit was already at work.

The Revenue Commissioner and the Deputy Commissioners of Mysore and Bangalore Districts were of opinion that the proposed rate of contribution was too high and that many of the Panchayets, whose actual receipts were far below the annual demand, might not be able to pay it. They were not in favour of prescribing a uniform percentage of the income of the Panchayets as their contribution towards the rural health scheme.

The Presidents of the District Boards of Kolar, Bangalore and Mysore expressed the view that the District Boards, with their inelastic income and varied calls upon their funds, would be unable to meet their share of the cost.

The Third Member of Council pointed out that public health activities should occupy a prominent place in the work both of District Boards and Village Panchayets and the proportion of the cost which these bodies were required to meet under Dr.Sweet's scheme was not excessive. He however agreed that it was not advisable to press the proposals in their entirety upon the attention of these bodies until they had an opportunity of judging the utility of the work for themselves. In this view, he suggested that the work might be extended gradually and that for the next year two or three taluks might be taken up, provided the Government and the local bodies concerned were able to meet their respective share of the cost. This view was concurred in by the Second Member of Council. The Deputy Commissioners and the Presidents of District Boards agreed that a beginning might be made on these lines.

With regard to the taluks in which the scheme should be introduced, it was agreed that since a start had been made in a portion of the Mandya Taluk, the scheme should be extended to the remaining hoblis of that taluk. The Deputy Commissioner and President of the District Board of Mysore considered that one more taluk in his district might be taken up. He suggested Seringapatam, Nanjangud or Chamarajnagar in this connection.

The President of the Bangalore District Board wanted the scheme to be introduced in one or two taluks of his district, and suggested the selection of Channapatna and Closepet taluks. He stated that the District Board would be able to meet its quota of the cost.

Dr.Sweet pointed out that even if funds were forthcoming, it would not be possible, for lack of trained men, to take up work in more than two taluks at present.

It was finally agreed that --

(1) the rural health unit in Mandya should be extended to the whole taluk;

(2) a new rural health unit should be constituted for the taluks of Closepet and Channapatna;

(3) the District Boards concerned should be approached with a view to providing for their share of the cost; and

(4) the contribution from the Village Panchayets might for the present be on a voluntary basis and should be fixed, but not rigidly, at about 15 % of their annual realised income.

The Government for their part would examine the question of providing for the share of the cost that had to be met from State funds.

Works Fund.- It was pointed out that the formation of this fund need not wait until the District Boards were able to set apart the full amounts given in the tabular statement showing the District Board contributions. For the present it would be sufficient if the Boards could set apart the actual amounts they were now spending for works connected with public health and appointed a Committee with the Health Officer as Secretary, to advise the District Board regarding the utilisation of these allotments. Each year, as funds permitted, the District Boards might make additional contributions until, in course of time, the prescribed figure was reached. It was essential, however, that the funds set apart for public health work should be cumulative.

It was decided that these proposals should be referred to the District Boards for such action as they may be able to take.

---

5 Copies

G/3702-3/End/each dt 21.5.30

To President, D.B.
The ~~Deputy Commissioner~~, Bangalore Dist.
~~The Deputy Commissioner~~, Mysore District
—do—

Sir,

I am desired to enclose herewith a copy of a Memorandum forwarded by Dr.Sweet, making detailed proposals in regard to Rural Health work in the Distts. His proposals relate mainly to the following two matters:-

(1) the constitution of a Taluk Health Unit Staff, and

(2) the formation of a Works Fund.

With reference to the former, Dr.Sweet has suggested a minimum staff, the bulk of the expenditure on which should eventually be borne by the Village Panchayets and District Boards in equal proportions, ~~and that~~ though in the initial stages a good part of it ~~should~~ would have to be borne by Government. The aggregate cost of a Taluk Unit is Rs. 16,000 per annum.

With regard to the Works Fund, he states that each District Board should be required to set apart a sufficient amount for distribution to the Panchayets in the District for works connected with the preservation of the health of the people. The normal expenditure on this account will be (1) for provision of sera and vaccines, (2) equipment for work, and (3) provision or improvement of latrines, wells, drains and village extensions. The contribution from the District Board is meant to supplement the resources of the Village Panchayets. He also proposes that the annual provision to be made by the District Board should not be lapsable but cumulative

Government are of opinion that as the public health activities should occupy a prominent place in the work of the District Boards and Village Panchayets ~~and that~~ the proportion of the cost which these bodies are required to meet under the scheme outlined ~~above~~ by Dr. Sweet is not excessive.

An experimental Rural Health Unit has already been organized in a portion of the Mandya Taluk in P.W. G.96946 dt 6.2.29 and Govt., Rev 7-28-36 consider that it is time that it was extended to the whole taluk and that it would also be useful to extend the experiment to one or two taluks in the Bangalore District

Dr. Sweet's proposals were discussed in detail at an informal conference in the Public Offices, at which the marginally noted * officers/and non-official gentlemen were present, and the following decisions were reached:-

(1) The rural health unit in Mandya should be extended to the whole taluk;

(2) A new rural health unit should be constituted for the taluks of Closepet and Channapatna;

(3) The District Boards concerned should be approached with a view to providing for their share of the cost;

(4) The contribution from the Village Panchayets might, for the present, be on a voluntary basis and should be fixed, but not rigidly, at about 15 % of their annual realised income.

The Government for their part have agreed to examine the question of providing for the share of the cost that has to be met from the State funds.

Works Fund.- ~~It was pointed out that has been~~ In respect of the Works fund, it was observed that the formation of this fund need not wait until the District Boards ~~are~~ were able to

* 1. Rajamantrapravina C.S.Balasundaram Iyer.
2. Rajamantrapravina K.Matthan.
3. Dr.W.C.Sweet.
4. Mr.Mieldazis.
5. Mr.N.Madhava Rao.
6. " R.Ranga Rao.
7. " B.Abdur Rahiman (President, D.B. Bangalore.)
8. Dr.Karve. Mr Jaj Rerau.
9. Mr.G.Rudrappa.
10. " K.V.Anantharaman.
11. " P.G.D'Souza.
12. " C.B.Gopala Rao (President, D.B. Kolar.)

accompanying Dr. Sweet's memorandum

set apart the full amounts given in the tabular statement ~~showing the District Board contributions~~ and that, ~~for the present~~ as a beginning, it would be sufficient if the District Boards ~~can~~ could set apart the actual amounts they ~~are now~~ were at present spending for works connected with public health and appoint a Committee with the Health Officer as Secretary to advise the District Board regarding the utilisation of these allotments. It was also thought that each year, as funds permit, the District Board might make additional contributions until, in course of time, the prescribed figure ~~is~~ was reached. ~~It is essential, however, that~~ The funds so set apart for public health work should of course be cumulative.

I am desired to request you to kindly place the above proposals before the District Board ~~for such action as they may deem fit to take and to forward their resolution to Govt.~~ and obtain their consent to the payment of a contribution of Rs 5000 per year towards the cost of the Rural Health unit at which it is proposed to establish for the Talukas of Chennapatna & Closepet extend to all the Hoblis in Maddur Taluk.

~~I have, etc.,~~

~~Chief Secretary to Govt.~~

It is also requested that the intentions of the District Board in the matter of constituting a works fund may also be communicated to Govt

G. 13704-5 & 21.5.30.

I am etc.

my

Copy of the above is forwarded to the Rev Craven in Mysore with the request that a list of ~~Panchayats~~ contributions payable by village Panchayats towards the cost of the Health units above referred to might be prepared in consultation with the Dy Commrs concerned & forwarded to Govt at as early a date.

Rural Health

2 8/11

G 1696 & 7.8.30

Rajakarya Pravina P.G. D'Souza, B.A., B.L.,
Revenue Commissioner in Mysore, Bangalore.

I am directed to invite your kind reference to this office Memo No. G. 13704-5 dated the 21st May 1930 forwarding a copy of this office letter No. G. 13,702-3/Sany. 48-29-3 of the same date to the Presidents of District Boards of Bangalore and Mysore Districts about the expansion of the Rural Health Unit Scheme in the Bangalore and Mysore Districts and to request you to kindly expedite the submission of the list of contributions payable by Village Panchayets towards the cost of the Health Units referred to therein.

I have the honor to be,
S i r ,
Your most obedient servant,

Chief Secretary to Government.

P.H.

Issue 5/8

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE

General and Revenue Secretariat

No. G 16971/12 Dated, Bangalore, 7.8.30

2 enclosures

From

N. MADHAVA RAO, Esq., B. A., B. L.,
Chief Secretary to the Government of His Highness the Maharaja of Mysore.

To

A.K. Syed Taj Peeran, Esquire, B.A.,
Deputy Commissioner, Bangalore District.

Sir,

I am directed to invite your attention to this office letter No. G. 13702-3/Sany. 48-29-3 dated the 21st May 1930 addressed to the President, District Board, Bangalore District, about ~~the expansion of the~~ organising a Rural Health ~~Scheme~~ Unit for Chen: & Closepet Taluks ~~to the District~~, which was not forwarded through you by mistake. I am enclosing for your information a copy of it. I am to request you to kindly arrange with the President of the District Board to give early consideration to the matter.

I have the honor to be,
S i r ,
Your most obedient servant,

Chief Secretary to Government.

P.H.

JM

Issue 6/8.

22 Sany

Office of the President, District Board,
Mysore District,
Dated, Mysore, the 18th July 1930.

Pg. Dis. 6 Lib. 30-31
Enclosure.

From

B. S. PUTTASWAMY, Esq., B. A., B. L.,
President, District Board,
Mysore District, MYSORE.

GENERAL MISCELLANEOUS BRANCH 65^8 24 JULY

To

Sany 48-29-4

N. MADHAVA RAO, Esq., B. A., B. L.,
General Secretary to the Government of
His Highness the Maharaja of Mysore,
BANGALORE.

Through

The Deputy Commissioner,
Mysore District, MYSORE.

PR 247/30

Sir,

With reference to your letter No.G.13702-3/Sany.48-29-3 dated 21-5-1930 forwarding a copy of the memorandum forwarded by Dr.Sweet making detailed proposals in regard to Rural Health Work in the Districts and requesting to be informed if the Board is agreeable to the payment of Rs 5000/- per year towards the cost of extending Rural Health Unit work in Mandya to all its hoblies, I have the honour to state that the District Board at their Meeting held on 9-7-1930 resolved that the "District Board regrets to comply with the requisition" (Res.No.18). I herewith submit an extract from the Proceedings of the Board Meeting for the information of the Government.

I have the honour to be,
Sir,
Your most obedient servant
B S Puttaswamy
PRESIDENT,
DISTRICT BOARD OF MYSORE.

OFFICE OF THE DEPUTY COMMISSIONER. No. 3283 18. JUL. 1930 D3 MYSORE DISTRICT.

3 Y.R.

247/30
Forwarded with Compliments
V Narayana Rao
Deputy Comr.
Mysore Dt.

Pg-22.7.30.

Proceedings of the Second Ordinary Meeting of the District Board of Mysore held on 9th July 193 0at 12 Noon in the Public Offices Building, Mysore.

1. ELECTED.

1 Mr. B. S. Puttaswamy, B. A., B. L., Advocate, T. Narasipur Tk. (President.)
2 ,, M. N. Mahanta Devaru, Land holder, Mudrahalli, T. Narasipur Taluk
3 ,, Patel Siddegowda, Land-holder, Bannur, T. Narasipur Taluk.
4 ,, G. Mallanna Land-holder, Lakshmi Vilas Agrahar, Mysore.
5 ,, P. H. Chandrabhan Singh, Cheluvamba Agrahar, Mysore
6 ,, Patel Kempe Gowda, Sarvamanya Kuppegala, Mysore Taluk
7 ,, B. Siddalinga Setty, Land-holder, Yedatore
8 ,, B. Chennappa, Land-holder, Bellalli, Yedatore Taluk
9 ,, T. Chennegowda, Land-holder, Thippur, Do
10 ,, H. R. T. Rajagopala Mudaliar, Land-holder, Hunsur
11 ,, Ibrahim Khan, Merchant, Hunsur
12 ,, Patel Linganna, Land-holder, Makodu, Hunsur Taluk
13 ,, B. Chandrasekhara Upadya, Inamdar, Bettadapur, Periyapatna Sub-Taluk
14 ,, C. Dasappa Land-holder, Chaturhundi, Hamlet of Malali, Heggadadevanakote Taluk
15 ,, B. Lakshminaranappa, Land-holder, Belathur, do
16 ,, M. Subba Rao, Land-holder, Magge, Heggadadevankote Taluk
17 ,, K. V. Veeranna, Sahukar & Land-holder, Kuderu, Chamarajanagar Taluk
18 ,, K. N. Gurubasappa, do do do
19 ,, Gurubasappa, Land-holder, Santhemarahalli, do
20 ,, V. Bandaiya, Land-holder, Nanjangud
21 ,, P. Papanna Merchant, Nanjangud
22 ,, C. P. Padmanabhaiya, B.A., B.L., Advocate Nanjangud.
23 ,, Patel Subbanna, Land-holder, Mudaguru, Gundlupet Taluk.
24 ,, Gurukar Nanjappa, Land-holder Kilagere, do
25 ,, Kongallappa, Land-holder, Kallahally, do
26 ,, M. N. Basavanna Devaru, Land-holder, Mambahalli, Yelandur Taluk
27 ,, S. C. Mallaiah, Land-holder, Somanahally, Mandya Taluk
28 ,, M. C. Linge Gowda, Land-holder, Maddur, do
29 ,, H. Honnaiya, Land-holder. Induval, do
30 ,, H. K. Madaiya, Land-holder, Halasahalli, Malavalli Taluk
31 ,, Puttaswamygowda, Land-holder Benamanahalli, Malavalli Taluk.
32 ,, Venkatappa alias Chickkanna, Land-holder, do
33 ,, K. M. Krishnappagowda, Land-holder, Jodi Karadahalli, Nagamangala Taluk
34 ,, S. B. Brahmasuraiya, Land holder, Bellur, Nagamangala Taluk
35 ,, Md. Ghowse Saheb, Contractor, Nagamangala
36 ,, A. Lingegowda, Patel and Land-holder Akkihebbal, K. pet Taluk.
37 ,, S. Thimmegowda alias Thammaiya gowda, Landholder, Seelnere, Krishnarajpet Taluk
38 ,, Marigowda, Land-holder, Heraganahalli, Krishnarajpet Taluk
39 ,, Deve Gowda, Land-holder, Cheluvarasinakoppal, Seringapatam Taluk
40 ,, Gose Gowda, Land-holder, Nagoonahally, do
41 ,, Bette Gowda, Land-holder, Kyathanhalli, do
42 ,, S. Krishnaswami Rao B.A., LL.B., Advocate, Lakshmi Vilas Road, Mysore
43 ,, Balaji Singh, Rajaputra Upakarini Provincial Maha Sabha, Mysore
44 ,, Sowcar S G Gangappa, Bellur, Nagamangala Taluk
45 ,, Dharmaprakasha D. Banumaiya, Merchant, Santhepet, Mysore.

46 ,, K. Ibrahim Khan, Kiragaval Malavalli Taluk
47 ,, P. N. Sangappa, Merchant, Santhepet Mysore.

II Ex-officio Members

48. The Revenue Sub Division Officer, Mandya
49. do French Rocks.
50. do Mysore.
51. do Nanjangud.
52 The Executive Engineer, Mysore Division, Mysore
53 The District Medical and Sanitary Officer, Mysore.
54 The District Educational Officer, Mysore.

Mr. III Nominated Members

55. Mr. Kundi Huchaiya, Land-holder, Malavally
56 ,, Mahomed Sait, Merchant, Doddapet, Mysore
57 ,, Lokahitaishi H. Nanjundaraje Urs, Retired Amratmahal Superintendent, Viceroy Road, Mysore
58 ,, Madaiya, Land-holder, Mamballi, Yelandur Taluk
59 ,, Rangadasaiya Land-holder, Jyotigowdanapura, Chamarajanagar Taluk
60 ,, A. Natesha Mudaliar, ~~Contractor~~ Land-holder, French Rocks
61 ,, C. Lakshmiah, Contractor, Kodiyala, Seringapatam Taluk
62 ,, Veerabhadrachari, Nagamangala
63 , N. Siddalinga Devaru, Land-holder, Seringapatam
64 ,, K. Venkataswamy Iyer, B A., B.L., Advocate, Nanjangud
65 ,, M. S. Rama Rao, B.A , B.L , Advocate, Santhepet, Mysore
66 Sri. Nagamma, M.A., L.T., Head Mistress, Maharani's College, Mysore
67 Captain V. L. Wynyard Wright, Manager, Hunsur Works, Hunsur
68 Rev. Father I. H. Lobo, St. Thresa's Church, Mysore South, Mysore
69 Mr. Mir Raza Ali, Contractor Periyapatna
70 ,, Abdul Khader Saheb, Merchant, Kalkuni, Malavally Taluk.

All were present except Nos:— 4; 11; 49; 52; 65; 66 and 67.

xx xx xx

18. Letter No.G.13702-3/Sany.48-29-3 dated 21-5-1930 from the Chief Secretary to the Government, forwarding a copy of the memorandum forwarded by Dr.Sweet, making detailed proposals in regard to Rural Health Work in the Districts and requesting to be informed if the Board is agreeable to the payment of Rs 5000/- per year towards the cost of Rural Health Unir.

Resolution :-

"The District Board regets to comply with the requisition."

xx xx xx

Extract.

B B Puttaswamy
President.

YSK District Board of Mysore.

Appendix F G—1

SUBJECT.....

.....

.....

Section

File No.

Serial No.

No. G. 2925-6,

Diary No. of letter replied to.....

General and Revenue Secretariat

( )

the *193*

To

1 The Revenue Commr

2 The D. E. Bangalore D

Date of issue 9.9.30

Signed by Mr. N.D.Rao.

Sir,

I am directed to invite reference to this office letter No. I G 13404-5 / 2 G 13402-3 dt. 21/5/30 about the extension of the 3 the rural Health unit Scheme and to request the favour of a very early reply thereto.

I have the

The enclosures to Govt

[over

List of enclosures.....

Copied by.....

Examined by.....

Subd with a file
JM
J-9

WD 02559—GPB—25,000—25-6-30

6548

Appendix F G—1

SUBJECT.....

.....

.....

Diary No. of letter replied to.....

General and Revenue Secretariat
( )
the *193*

Date of issue 21.10.30

Signed by Mr. N.D. Rao

sold with a file

Jm 11.10. Jt Secy MR 16/10

List of enclosures.....

Copied by.....

Examined by.....

Section

File No.

Serial No.

No. G 4124-5.

To

The Revenue Commr

The D.C. Bangalore

Sir,

I am directed to invite reference to this office letter No (1) G 13104-5 & (2) G 13702-3 dt 21 5/30 about the expansion of the rural Health unit scheme and to request the favour of a very early reply thereto

I have etc

MR

for Secy to Govt

[over

WD 02559—GPB—25,000—25-6-30

No. CHS-15/129-30

OFFICE OF THE REVENUE COMMISSIONER IN MYSORE,

Dated, Bangalore, 31st October *192* 30.

FROM

S.P.Rajagopalachari.Esq.B.A.,B.L.,
Revenue Commissioner in Mysore.

To

N. Madhava Rao.Esq.B.A.,B.L.,
Chief Secretary to the Government of
His Highness the Maharaja of Mysore,
Bangalore.

SIR,

With reference to your letter No.G.4124-5 Sany.48-29 dated 21st October 1930, regarding the submission of the list of contributions payable by the Village Panchayets towards the cost of the Rural Health units, I have the honour to state that the information called for from the Deputy Commissioner, Mysore, has not yet been received. He has been reminded to expedite the submission of the report on the receipt of which, the report due to Government will be submitted.

I have the honour to be,

Sir,

Your most obedient servant,

Assistant Commissioner,
or Revenue Commissioner.
Absent from the station.

In all future communications please quote
No. C.2-393/30-31.
Enc.

OFFICE OF THE DEPUTY COMMISSIONER, BANGALORE DISTRICT.

Dated. Bangalore, the 8th November *1930*

FROM

Moin-Ul-Vizarath
A. K. Syed Taj Peeran, Esq., B.A.
Deputy Commissioner,
Bangalore District.

GENERAL 3132 SUB BRANCH 11 NOV.

To

N. Madhava Rao, Esq., B.A., B.L.,
Chief Secretary,
to the Government of Mysore, BANGALORE.

CHIEF SECRETARY 10 NOV. 1930

SIR,

Subject :—

With reference to your letter No.G.4124-5/Sany.48-29 dated 21-10-30 re: the expansion of the Rural Health Unit Scheme, I have the honour to state that the Bangalore District Board President's reply on the subject is still awaited in this office. He has agai.. been requested to expedite his reply. On receipt from him, a report will be submitted to you in the matter.

I have the honour to be,
Sir,
Your most obedient servant,

For Deputy Commissioner,
Bangalore District.
(Absent from station)

Sany

OFFICE OF THE PRESIDENT,
BANGALORE DISTRICT BOARD.

No. L. Dis. Gl. 6451/29-30. Bangalore 20th November 1930.

From

V. VENKATAPPA, ESQ.,
PRESIDENT, DISTRICT BOARD,
BANGALORE.

OFFICE OF THE PRESIDENT
DISTRICT BOARD
No. 3757
3 DEC. 1930
BANGALORE

DEPUTY COMMISSIONER'S OFFICE
25 NOV. 1930
No. G 9064
BANGALORE DIST.

9.M3484
Sany 48-29-3

To

N. Madhava Rao Esqr, B. A., B. L.,
Chief Secretary to the Government of Mysore,
Bangalore.

Through:-

The Deputy Commissioner, Bangalore District, Bangalore.

SIR,

With reference to your letter No. G. 13702-3/Sany.48-29-3 dated 21st May 1930 forwarding a copy of a Memorandum by Dr. Sweet in the matter of Rural Health Work in the District, I have the honour to state that matter was discussed by the Health Committee at their meeting held on 17th October 1930. The Committee have recommended the proposed establishment of the Rural Health Unit for the Taluks of Channapatna and Closepet

2. The Board have approved of the Committee's recommendation (copy enclosed). As regards the formation of a Works Fund, the finances of the Board are not at present quite - adequate for this additional commitment. Already a major - portion of the Board's income is spent on sanitation and other matters of medical relief in the District. Hence this - question might lie over for some time more until the resources of the Board improve.

CL-393/30-31 Encls.
Forwarded with compliments.

I have the honour to be,
S i r,
Your most obedient servant

V. Venkatappa
P r e s i d e n t,
District Board.

Deputy Commissioner,
Bangalore District.

1550

193 —193

FROM

THE PRESIDENT,
BANGALORE DISTRICT BOARD

TO

DATED

DESPATCHED

RECEIVED

GENERAL NO.
NO.

ENCLOSURE NO.

PROCEEDINGS OF THE ADJOURNED MEETING OF THE BANGALORE DISTRICT BOARD HELD ON 18TH OCTOBER 1930.

13. Letter No. 13702-3/Sany. 48-29-3 dated 21st May 1930 from the Chief Secretary to Government in the matter of contributing a sum of Rs. 5,000/- a year towards the cost of the Rural Health Unit proposed to be established for the Taluks of Channapatna and Closepet.

RESOLUTION OF THE HEALTH COMMITTEE:- This should be linked up with the subject No. 15, and this subject is recommended to the Board for sanction and subject No. 15 to be dropped at present as the Rural Health Unit Scheme is to be gradually extended for the whole of the District.

RESOLUTION:- Approved the recommendation of the Health Committee.

Sd/- H. R. Guruv Reddy,

Vice President.
District Board.

"C o p y"

V. Venkatappa

President, District Board,
Bangalore District

Appendix F G—1

SUBJECT.....

.....

.....

Section Law

File No.

Serial No.

No. G. 6628.

Diary No. of letter replied to.....

General and Revenue Secretariat
( )
the *193*

To

The Rev Cumine

Date of issue 24/12/30

Signed by Mr. C.S.V.C

Sir,

I am directed to invite reference to this office No. 13706-S of 21-8-30 regarding the submission of the list of contributions payable by the Village Panchayats towards the cost of the Rural Health units and to enquire when a reply can be expected in this office.

List of enclosures.....

I have the

Copied by.....

19/12 for Raw Secy

Examined by.....

[over

WD 02559—GPB—25,000—25-6-30

No. C.4515/29-30.

OFFICE OF THE REVENUE COMMISSIONER
IN MYSORE,

Dated, Bangalore, 23rd December 193 0.
24.DEC.1930

FROM

S.P. Rajagopalachari, Esq., B.A., B.L.,
Revenue Commissioner in Mysore.

OFFICE OF THE REVENUE COMMISSIONER
08318

To

R. Ranga Rao, Esq., B.A., B.L.,
The Chief Secretary to the Government
of His Highness the Maharaja of Mysore,
Bangalore.

RECEIVED 4154

SIR,

With reference to your letter No. G.1690/Sany.48-29 dated 7-8-1930 requesting the submission of the list of contributions payable by the Village Panchayets towards the cost of Health-units in Bangalore and Mysore Districts, I have the honour to forward herewith in original the list of contributions so payable by the Village Panchayets of the Mandya Taluk, received with Mysore Deputy Commissioner's letter No. L.D7-4410/29-30 dated 26-11-1930. The fund can be transferred only after each Village Panchayet has formally resolved agreeing to the expenditure and effecting the transfer and the amount has to be withdrawn by each Village Panchayet from its Savings Bank Account and credited to the Treasury.

As regards the list of the Closepet and Channapatna Taluks, the information received from the Deputy Commissioner, Bangalore, not being quite complete, he has been requested to submit the same in the proper form at a very early date, and the lists will be submitted to Government soon after their receipt.

I have the honour to be,
Sir,
Your most obedient servant,

S Rajagopal

Revenue Commissioner.

Statement Showing the list of Contributors payable by the Village Panchayits towards the Cost of the Rural Health units in the Mandya Taluk Mysore District.

Serial No.	Name of Panchayets.	Amount realized during 1929-30			Amount Contributors payable at the rate of 1s/- of the Rea Usahnis.	Remarks.
	(Hasaba Holli)	Rs.	As	Ps	Rs.	
1	Hale - Biddanur.	310	15	5	50/-	
2	Panakanahalli	58	-	-	10/-	
3	Honaganahalli	126	12	-	20/-	
4	Hulivana	175	6	-	25/-	
5	Bellandageve	48	10	-	10/-	
6	Kommevahalli	286	0	8	45/-	
7	Kannali	98	1	-	15/-	
8	Kodahalli	40	10	8	6/-	
9	Keelara	-	-	-	-	
10	Ammada halli	177	12	0	25/-	
11	Dodabanasavady.	-	-	-	-	
12	Thumbugere	46	9	9	6/-	
13	Chowkanahalli	90	6	1	15/-	
14	Chamalapur.	-	-	-	-	
15	Kevagodu	178	7	4	27/-	
16	Hosur	78	-	-	12/-	
17	Upparkanahalli	32	10	8	5/-	
18	Mallegowdana halli	-	-	-	-	
19	Jeegudipatna	49	12	-	7/-	
20	Eachagere	-	-	-	-	
21	Gudigendahalli	74	4	-	10/-	
22	Gopalpur.	127	12	-	20/-	
23	Chikkamandya.	30	-	-	5/-	
24	Kallahalli	188	9	2	30/-	

25	Sathanoor	397	5	8	60
26	Hanakere	138	1	-	20
27	Hanchahalli	-	-	-	-
28	Hosahalli	85	4	-	12
29	Bilidegal	86	5	4	12
30	Kalehageve	10	-	-	2
31	Hodaghatta	53	14	5	8
32	Honagahalli	59	8	0	8
33	K. Gowdagere	141	14	0	20
34	B. Gowdagere	-	-	-	-
35	(9) Kodahalli	101	-	-	15
36	Hakere	-	-	-	-
37	Hosabadanoor	144	9	6	20
	Total.	3436	8	8	520
	Basaral Hobli.				
38	Basaral	134	9	4	20
39	Garudanahalli	58	11	-	8
40	Gorakabal Hosahalli	59	4	-	8
41	Chakana halli	120	12	-	18
42	Huthegere	234	-	-	35
43	Hanganahalli	211	12	-	32
44	Sivapur	-	-	-	-
45	Rajasettipur	68	9	-	10
46	Tavaregere	63	-	-	10
47	Hallegere	232	14	8	35
48	Sanbhoganahalli	-	-	-	-
49	Ankasapur	-	-	-	
50	Bennahalli	26	4	-	4
51	Karekutte	89	-	-	13
52	Muddanaghatta	53	12	-	8

53	Bebi	142	-	-	22
54	Hemaganahalli	-	-	-	-
55	Chikkababli	175	-	-	26
56	Harakadahalli	12	8	-	2
57	Kambadanahalli	238	-	-	36
58	Naragalu	-	-	-	
	Total	1917	-	-	287
	Koppa Hobli				
59	Koppa	439	5	1	66
60	Nambinayakanahalli	167	1	11	25
61	Gulur	91	15	9	15
62	Belathoor	46	14	-	7
63	Nilavigi	101	1	4	15
64	Mudageve	198	5	4	30
65	Konasal	70	1	5	10
66	Yeduvanahalli	171	6	-	26
67	Chikkanahalli	89	15	7	13
68	Harala Kere	157	12	11	25
69	Hasagan	81	13	4	12
70	Besagavahalli	~~154~~	~~11~~	~~4~~	~~25~~
71	Kottanahalli	154	11	4	25
72	Malligere	67	8	0	7
73	Bidarakole	273	-	-	40
74	D. Hosahalli	-	-	-	-
75	Maraliga	95	6	-	15
76	Thaggahalli	238	7	-	35
77	Hosakere	163	12	-	25
78	Kowdale	125	12	-	20
79	Bekkalale	322	4	8	50
80	Kughatta	124	-	-	20

81	Ablavady.	19	6	8	5-
82	Somanahalli	197	-	-	30
83	Halehalli	91	8	-	14
84	Huragalavady	77	10	-	10
85	Hiranqur	127	5	3	20
86	Rampur	-	-	-	-
87	Kunlänahalli	-	-	-	-
88	Hodahalli	102	14	9	15
89.	Mavanqere	129	13	-	20
	Total.	3920	3	4	5-95

Dudda Hobli

90	Holalu	169	13	10	25
91	Bevakallu	106	7	4	15
92	Madala	33	-	-	5
93	Kebbahalli	11	12	-	2
94	Bettahalli	39	-	-	6
95	Maradipur	20	-	-	3
96	Billenahalli	82	15	-	12
97	Hiraqudoor	98	1	4	15
98	Chandigal	210	14	4	31
99	Hudaqudoor	181	11	11	27
100	Govevalle	-	-	-	-
101	Dudda	220	3	3	33
102	H. Halligere.	174	8	8	26
103	Sivahalli	106	5	4	15
104	Hullenahalli	30	-	-	5
105	Mallanayakanakatte	-	-	-	-
106	Sowdenahalli	8	-	-	1
107	Beliguli	46	8	-	7
108	Madachakkenahalli	-	-	-	-

109	Beechanahalli	–	–	–	–
110	Honnemadu.	93	6	8	15
111	Samboonahalli	15	–	–	2
112	Bommenahalli	18	8	–	1
113	G. Hallegere	146	–	–	22
114	Makkanahalli	78	–	–	12
115	Hulikere	121	2	–	18
116	H. Hana	100	–	–	15
117	Ganadal	84	14	10	14
118	Maramachakkanahalli	50	–	–	8
119	Aveerahalli	60	12	–	9
120.	Mavadevanahalli	–	–	–	–
	Total.	2300	0	6	344.

Kothalli Hobli.

121	K. yathanagere	118	8	–	18
122	Bevinhalli	118	12	–	18
123	Kothalli	243	11	4	36
124	Soonagahalli	152	11	4	22
125	Yelechakkanahalli	295	15	4	45
126	Malligere	66	9	–	10
127	Guthal	242	4	4	36
128	Thaggahalli	82	2	–	12
129	Halavadi	45	9	4	7
130	Mangala	227	4	8	35
131	Halahalli	–	–	–	–
132	Sudahalli	44	3	7	6.
133	Cheevanahalli	159	14	8	24
134	Nodekoppal	44	–	–	7
135	Kabbanahalli	–	–	–	–
136.	Boothanakodu	47	10	8	7

37	Yeliyur.	210	4	11	30
38	Hullukere.	85	8	-	13.
139	Ragimaddanahalli	87	1	-	13.
140	Mothahalli	-	-	-	-
141	Hebbakavadi	111	6	-	16
142	Lokasara	156	9	4	23
43	Indavalu	61	6	-	9
144	Belur	199	9	8	30
145	Hemagiri	-	-	-	-
146	Santhakosalagere	72	-	-	10
147	V. Kosalagere.	61	2	8	9
148	Kalenahalli	115	8	-	16
149.	Siddiah nakoppal.	-	-	-	-
	Total.	3049	11	10	452.
	Maddur Hobli.				
150	Deshihalli	137	4	-	20
151	Vaidyanathapur	72	12	-	10
152	Somanahalli	111	8	8	17
153	Dadaga	-	-	-	-
154	Sollepura	-	-	-	-
155	Halaganahalli	-	-	-	-
156	Nasarakere	70	-	-	10
157	Neelakanthanahalli	54	15	4	8
158	Borapur	32	12	-	5
159	Chamanahalli.	252	2	-	37
160	Gejjalagere	117	10	-	18
161	Belluru.	-	-	-	-
162	Chuchagarahalli	-	-	-	-
163	Channasandra	47	4	8	7
164	Govanahalli	41	12	10	6

165	Kodahalli	20	6	–	3
166	Channana Doddi	25	–	–	4
167	Huliqevepura	30	14	–	5
168	Hagalahalli	–	–	–	–
169	Kudaraguri	39	8	–	6
170	Valagavahalli	302	13	8	45
171	Honnalagere	62	8	0	10
172	Halagavanahalli	–	–	–	–
173	Aloor	152	4	–	23
174	Kabbahave	34	4	–	5
175	Budaguppe	61	–	–	10
176	Hulikeve	–	–	–	–
177	Bydarhalli	11	1	4	2
178	Cuppinakere	74	8	–	12
179	Sadalalu	41	10	–	6
180	Ajjahalli	–	–	–	–
181	Somapur	–	–	–	–
	Total	1793	14	9.	260
	Athagur Hobli.				
182	Thylur.	122	15	8	18
183	Thippur	99	–	–	15
184	Thadalur	169	–	–	25
185	Mallanaikanahalli	–	–	–	–
186	Thoresethihalli	144	8	–	22
187	Athagur	60	8	–	9
188	Dodatnkahalli	111	–	–	16
189	Dundanahalli	74	8	8	10
190	Nidaghatta	140	–	–	21
191	Hanumanahalli	149	–	–	22
192	Hanamanthapur	–	–	–	–
193.	Hamsettihalli.	44	–	–	–

8. Statement Showing the list of Contributions payable by the Village panchayets towards the Cost of the Rural Health units in the Mandya Taluk, Mysore District

Serial No.	Name of Panchayet.	Amount realized during 1929-30. Rs.	As	Ps	Amount of Contribution payable at the rate of 15% of the realisations. Rs.	Remarks.
194	Hebbaralu	94	-	-	15/-	
195	Huthagere	-	-	-	-	
196	Harakanahalli	234	14	-	35/-	
197	Yeraganahalli	36	-	-	5/-	
198	Mallana Kuppe	-	-	-	-	
199	Byalakere	67	5	4	10/-	
200	Kesthur	91	1	-	13/-	
201	Machahalli	10	-	-	1/-	
202	Navile	34	-	-	5/-	
	Total.	1634	12	8	242	

Abstract.

Kasaba Hobli	3436	8	8	520/-	
Basaral "	1917	-	-	287/-	
Koppa "	3920	3	4	595/-	
Dudda "	2300	-	6	344/-	
Kothalli "	3049	11	10	452/-	
Maddur "	1793	14	9	260/-	
Athagoor "	1634	12	8	242/-	
Grand Total.	18052	3	9	2700	

for Deputy Commissioner
Mysore District

Appendix F G—1

SUBJECT.....

.....

.....

Section Law

File No. 4829

Serial No. 8

No. G.7312

Diary No. of letter replied to.....4154.....

General and Revenue Secretariat
( )
the *193*

To

The Rev Com

Sir

Date of issue.....14.1.31.....

Signed by.....Mr. N.D. Rao.....

With refer to correspondence ending with your letter letter no. C 4515/29-30 of 24.12.30 about the expansion of the Rural Health Unit scheme I am directed to request you kindly to send as soon as the list showing the contributions payable by the Village Panchayats of the Cuddapah Chamarajanagar

List of enclosures.....

Copied by.....

Examined by.....

[over Tale

tables must be checked in this

office.

Thanks

Christy Bryant

1881
10/1

No. C. 4515/29-30

OFFICE OF THE REVENUE COMMISSIONER
IN MYSORE,

Dated, Bangalore, 27th January *193* 1

FROM

S.P. Rajagopalachari. Esq. B.A.,B.L.,
Revenue Commissioner in Mysore.

To

N.Madhava Rao.Esq.,B.A.,B.L.,
Chief Secretary to the Government
of His Highness the Maharaja of Mysore,
Bangalore.

SIR,

With reference to your letter No.G.7312/Sany.48-29 dated 14th January 1931 enquiring as to when the list showing the contribution payable by the Village Panchayets of the Closepet and Channapatna taluks towards the expansion of Rural Health unit Scheme, I have the honour to state that the list called for from the Deputy Commissioner Bangalore District has not been received yet. He has been reminded to expedite its submission,and it will be forwarded soon after receipt.

I have the honour to be,

Sir,

Your most obedient servant,

S Rajagopal

Revenue Commissioner.

697

No. C.~~452~~ 4515/29-30.
one

OFFICE OF THE REVENUE COMMISSIONER
IN MYSORE,

Dated, Bangalore, 9th March *1931.*

10 MAR 19

FROM

S.P. Rajagopalachari, Esq., B.A., B.L.,
Revenue Commissioner in Mysore.

To N. Madhava Rao, Esq., B.A., B.L.,
The Chief Secretary to the Government
of His Highness the Maharaja of Mysore,
Bangalore.

CHIEF SECRETARY 10 MAR 1931

11.3.31

GENERAL CIRCULATING BRANCH 11

Lay 68-29-7

SIR,

G. M Br

In continuation of this office letter No.C.4515/29-30 dated 28th January 1930 regarding the submission of the list of contributions payable by the Village Panchayets of Channapatna and Closepet Taluks, towards the expansion of Rural Health Units, I have the honour to forward herewith in original a list showing the contributions payable by the Village Panchayets in the Channapatna Taluk received with Bangalore Deputy Commissioner's letter No.C.2-A-2515/30-31 dated 21st February 1931.

2. The list relating to the Closepet Taluk has not yet been received, and will be submitted on receipt.

I have the honour to be,

S i r,

Your most obedient servant,

SRajagopal

Revenue Commissioner.

List of Panchayats which may Contribute towards the cost of Health units in Chennapatna Taluk.

Prepared as per Dy. Commr's order no C 261 P.R. 96/30-31. dated 2nd. Jan 31.

Calculation on the amount realised for the year 1929-30

Sl.	Name of the Village Panchayat.	Amount realised	Amount of Contribution Payable at 15%.	Remarks.
1	Chikkamalur	149 4 -	22 1 -	
2	Chikkenalli	111 12 -	16 - -	
3	Hanjamur	664 15 -	99 - -	
4	Mogenalli	113 2 -	16 14 -	
5	Nagavara	245 8 -	36 - -	
6	Palla	121 15 -	18 - -	
7	Southemogenalli	106 13 -	15 - -	
8	Devarahosalli	127 2 -	19 - -	
9	Byrapatna	323 9 -	48 - -	
10	Beroor	268 7 5	40 - -	
11	Chekkere	414 - -	62 - -	
12	Basavara	178 8 -	26 - -	
13	Holligamahosalli	203 1 -	30 - -	
14	Huluvadi	107 - -	15 - -	
15	Kurnigere	114 - -	17 - -	
16	Malurpatna	270 4 -	40 - -	
17	Malur	545 - -	81 - -	
18	Makali	137 9 -	20 - -	
19	Marchanalli	137 - -	20 - -	
20	Mudigere	196 - -	29 - -	
21	Seebanalli	118 - -	17 - -	
22	Settihalli	125 8 -	18 - -	
23	Sankalagere	155 - -	23 - -	
24	Tubinkere	106 - -	15 - -	
25	Trilabsandra	300 - -	45 - -	
26	Tuvarahalli	258 - -	38 - -	
27	Agraharavalagenalli	184 - -	27 - -	
28	Akkeri	164 - -	24 - -	
29	Boothalli	157 - -	23 - -	
30	Byravapatna	133 - -	20 - -	
31	Hanigere	169 4 -	25 - -	
32	Harokoppa	152 10 -	22 - -	
33	Hunasanalli	284 13 -	42 - -	
34	Shanubogahalli	100 - -	15 - -	
35	Iggalur	260 4 -	39 - -	

36	Kodambakkam	260	6	-	39	-
37	Krishnapuram	136	-	-	20	-
38	Mangadakkam	286	7	-	42	-
39	Nelamangalam	133	3	-	19	-
40	Nemmeli	170	9	-	25	-
41	Neralur	175	9	-	26	-
42	Sogasa	259	8	-	38	-
43	Sulur	157	8	-	23	-
44	Singarapuram	532	6	-	79	-
45	Vimpakkiyam	182	10	-	27	-
46	Yeletholadakkam	132	5	-	19	-
47	Bandarumalaipakkam	375	-	-	56	-
					1469	15 -

DEPUTY COMMISSIONER'S OFFICE
C2a
11 FEB. 1931
No. 13/2 mch
CHINGLEPUT DIST.

14533 30.31

Submitted to the Deputy Commissioner, Bangalore District for his perusal with reference to his office memo Rc. C. 2. a. P. R. 96/30-1 dated 2nd Jan. 1931.

Amildar

9.9.2.31. Chengalpattu

Appendix F G—1

SUBJECT.....

.....

.....

Section Lang

File No.

Serial No.

No. G. 9924.

Diary No. of letter replied to.....

General and Revenue Secretariat

( )

the *193*

To

The Rev Canner

Date of issue 27/3/31

Signed by Mr. N. D. Rao

Sir,

With refee to correspondence ending with your letter no. C 6515 dated 28th Jany 1931 about the submission of the list showing the contribution payable by the Village Panchayats towards the extension of Rural Health Unit Scheme, I am directed to request you to be so good as to the date the submission of the report.

List of enclosures.....

Copied by.....

Examined by.....

I have the honour

Mr 24/3

for Chief Secy to Govt

[over

WD 02559—GPB—25,000—25-6-30

769.

No. C.4515/29-30.

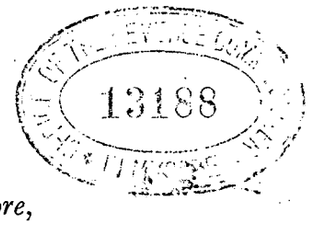
OFFICE OF THE REVENUE COMMISSIONER
IN MYSORE,

Dated, Bangalore, 4th April *193* 1.
-6.APR.1931

FROM

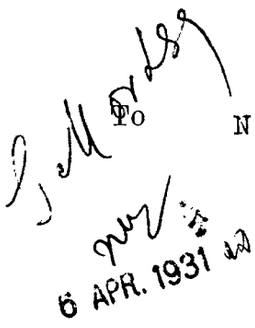
S.P. Rajagopalachari, Esq., B.A., B.L.,
Revenue Commissioner in Mysore.

9m 6338



To

N. Madhava Rao, Esq., B.A., B.L.
The Chief Secretary to the Government
of His Highness the Maharaja of Mysore,
Bangalore.



SIR,

Secy 48-29-8

In continuation of this office letter No.C.4515/29-30 dated 10th March 1931 forwarding a list ~~of~~ showing the contribution payable by the Village Panchayets in the Channapatna Taluk towards the expansion of Rural Health Units, I have the honour to forward herewith in original a list of contribution payable by the Village Panchayets of Closepet Taluk, received with Bangalore Deputy Commissioner's letter No.C.2-a - 2515/30-31 dated 7th March 1931.

I have the honour to be,

S i r,

Your most obedient servant,

S. Rajagopalachari

Revenue Commissioner.

BR.

List of ~~village Panchayats~~ showing the amount of contribution payable by each village Panchayat for the Itagali unit, in the erstwhile Tumkur.

Sl. No.	Name of village Panchayat	Amount realisable			Amount of contribution payable at 15% realisation			Remarks.
1	Hebbankodi	96	8	0	15	0	0	
2	Lakkasandra	30	-	-	5	0	0	
3	Nelamale	80	-	-	15	0	0	
4	Manchanaikanahalli	27	8	0	5	0	0	
5	Avaregere	113	4	0	15	0	0	
6	Magigaanahalli	205	0	0	30	0	0	
7	Kuragal	251	5	-	38	-	-	
8	Bidari	500	-	-	75	0	0	
9	Suggaanahalli	499	8	0	75	-	-	
10	Idamurigere	160	11	-	25	-	-	
11	Hulikeregummum	197	12	0	30	-	-	
12	Harisandra	265	4	0	40	-	-	
13	Kanchagaranahalli	75	12	0	10	0	0	
14	Hosadodi	121	12	0	18	-	-	
15	Arehalli	96	13	0	15	0	0	
16	Doddasulikere	104	8	0	15	0	0	
17	Melehalli	132	3	0	20	-	-	
18	Allanahalli	91	-	-	15	0	0	
19	Chikkamustanahalli	47	8	0	8	0	0	
20	Chikkaguniyavadi	68	4	0	8	0	0	
21	Lakkojanahalli	175	15	0	25	0	0	
		3340	7	-	502	-	-	

		3340	7	0	502	0	0
22	Bilikempanahalli	27	12	0	4	0	0
23	Hejjala	28	0	0	4	0	0
24	Obalakahalli	96	6	0	15	0	0
25	Arkanahalli	80	-	-	15	0	0
26	Yalumangala	371	2	0	52	0	0
27	Kyasapur	40	7	0	8	0	0
28	Kumagallu	126	0	0	15	0	0
29	Bamikuppe	127	9	0	15	0	0
30	Kavanahu	45	8	0	8	-	-
31	Hunasanahalli	113	4	0	15	0	0
32	Kempanahalli	29	12	0	5	0	0
33	Anku	87	8	0	12	0	0
34	Chikkenahalli	129	4	0	15	0	0
35	Nagohalli	135	9	0	20	0	0
36	Kenchanakuppe	189	8	0	25	0	0
37	Bilagumba	48	0	0	8	0	0
38	Heggadagere	141	8	0	25	0	0
39	Burehalli	57	14	0	8	0	0
40	Basavanahalli	79	0	0	10	0	0
41	Kyalanahu	173	12	0	23	0	0
42	Vadavani	408	9	0	60	0	0
43	Vadderahalli	20	0	0	3	0	0
		5528	11	0	867	-	-

		53 28	11	-	$ 67	-	-
44	Arthikanahalli	22	12	0	3	0	0
45	Bannikuppam	69	0	0	10	-	-
46	Chikkarapalya	32	8	0	5	0	0
47	Doddagangavara	109	0	0	15	0	0
48	Hirenagavara	62	8	0	10	-	-
49	Kempapuranahalli	36	0	0	5	-	-
50	Kodiyalanaranahalli	86	8	0	10	-	-
51	Yarehalli	29	0	0	5	0	0
52	Chowdenahalli	92	0	0	12	0	0
53	Hulasandra	52	0	0	8	0	0
54	Bannigiri	120	12	0	18	0	0
153-	Kethiganahalli	30	15	0	5	0	0
56	Annahalli	56	8	4	8	0	0
57	Banavara	229	12	6	23	0	0
58	Hegalahalli	160	2	0	23	0	0
59	Hallimalu	48	0	0	8	0	0
60	Bommachanahalli	170	0	0	22	0	0
61	Uniyasandra	79	14	0	10	0	0
62	Shanumangala	134	0	0	20	0	0
63	Ramanahalli	64	0	0	8	0	0
64	Kumbanakunahalli	84	0	0	12	0	0
		7298	-	-	1097	-	-

		7298	0	0	1097	0	0
65	Mavinavagal	80	0	—	12	0	0
66	Bannikuppe	77	8	2	10	0	0
67	Madapur	86	10	0	12	0	0
68	Bannigiri	18	8	0	3	0	0
69	Hosur	153	0	0	23	0	0
70	Kallaramanahalli	56	8	0	8	0	0
71	Muddapanahalli	62	8	0	8	0	0
72	Chamanahalli	122	—	—	18	0	0
73	Shivabhoganahalli	92	0	0	15	0	0
74	Gopalli	105	0	0	15	0	0
	Total	8153	10	2	1221	0	0

14/7/87